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DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

ECONOMIC ASSISTANCE DIVISION

MONTANA INCOME MAINTENANCE SYSTEM PROJECT
(MIMS)

PHASE III – REQUIREMENTS DEFINITION REPORT

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PREFACE

The purpose of this report is to document Phase III - Requirements Definition of the Montana Income Maintenance System (MIMS) Project. The information contained in the report provides the Economic Assistance Division management and the Information Systems Division management a basis for manpower and budget planning decisions, provides a basis for proposing and measuring alternative approaches to the development of a system, and establishes the criteria for design of the proposed system.

The information provided in this report includes a section on modifications to the Project Definition Report; a summary of the present system; an overview of the proposed system; identification of output, functional, input, interface, conversion and recovery requirements; identification of hardware/software considerations; a conceptual design; a cost analysis; additional considerations; and a work plan for Phase IV - External Design.

This document is based on the objective views of the analysts that gathered the requirements. It is also based upon information provided by SRS personnel in both the State and the county offices.

ACKNOWLEDGEMENTS

Recognition is given to the individuals listed below for their contributions to the Montana Income Maintenance System Project during the Requirements Definition Phase. The current position title of each individual has also been provided.

Names and titles of contributing individuals who are no longer employed by the Department of Social and Rehabilitation Services have been provided in alphabetical order at the conclusion of this list.

DEPARTMENT OF ADMINISTRATION

Information Systems Division

Lois Lebahn, Secretary III

Consulting Services Bureau

Sib Clack, Management Analyst

Systems Development Bureau

Qulan Johnson, Progammer/Analyst III

Systems Design Bureau

Mary Culver, Systems Analyst
Terry Itami, Systems Analyst
Sherie Grace, Secretary II
Patricia Sahinen, Composer Operator I

DEPARTMENT OF REVENUE

Investigation Division
Child Enforcement Bureau
Ray Linder, Chief

DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

DIRECTOR'S OFFICE

Office of Administration

Benjamin Johns, Deputy Director

Staff Development

Freda Rodgers, Training Officer Supervisor

Audit and Program Compliance Division

Phil Gouveia, Administrator

Program Integrity Bureau

Ann Dunn, Compliance Officer
Pat Foster, Estate Recovery Officer
Kate Dean, Claims Examiner
Linda VanDiest, Claims Examiner
Doris Annas, Compliance Officer
Anna Marie Bartole, Program Manager
Jon Chacopolous, Recoveries Supervisor

Centralized Services Division

Ron Brown, Administrator

Data Processing Bureau

Bill Fitzgerald, Chief
James Sveinson, Assistant Chief
Edna Cotton, Data Entry Supervisor
Rita Cross, Computer Operator
Cheryl Hooper, Administrative Assistant

Fiscal Bureau

John Donwen, Chief
Gary Managhan, Assistant Bureau Chief
Bob Montgomery, Supervisor Cash Disbursing Section
Mary Condie, Accounting Technician
Lona Ammons, Accountant

General Services Bureau

Norine Joyce, W.P. Supervisor

Statistics and Research Bureau

Doug Egan, Chief
Debbie Patzer, Statistical Clerk

Community Services Division

Management Operations Bureau

Don Sekora, Program Manager V

Developmental Disabilities Division

Jack Ellery, Administrator

Economic Assistance Division

Gary Blewett, Administrator
Lee Tickell, Assistant Administrator

Eligibility Policy Bureau

Jim McCabe, Chief
Marilyn Jenson, Eligibility Specialist
Kathy Kendall, Eligibility Specialist
Mike Welsh, Eligibility Specialist

Field Services Bureau

Lee Tickell, Chief
Joe Beery, Field Supervisor
Bonne Frye, Field Supervisor
Pat Huber, Field Supervisor
JoAnne Johnson, Adminstrative Assistant
Betty Todd, Field Supervisor

Food Distribution Bureau

Elsie Erickson, Field Representative

Management Operations Bureau

Dorothy Carter, Control Technician
Bill Ikard, Management Analyst
Jack Lowney, Management Analyst
Lowell Uda, Management Analyst

Medicaid Services Bureau

Karl Banschbach, Administrative Officer
Dale Haefer, HURA Project Manager

CASCADE COUNTY DEPARTMENT OF PUBLIC WELFARE

Harold McLaughlin, County Director
Lynette Bolander, Eligibility Technician Supervisor

GALLATIN COUNTY DEPARTMENT OF PUBLIC WELFARE

Bob Sybrant, County Director
Beth Corbin, Eligibility Technician
Cles Stewart, Eligibility Technician

LEWIS & CLARK COUNTY DEPARTMENT OF PUBLIC WELFARE

Norman Walterman, County Director

MADISON COUNTY DEPARTMENT OF PUBLIC WELFARE

Emery Smith, County Director

SILVER BOW COUNTY DEPARTMENT OF PUBLIC WELFARE

Queenie Lynch, County Director
Donna Sands, Administrative Aide
Marge Coyner, Eligibility Technician Supervisor

YELLOWSTONE COUNTY DEPARTMENT OF PUBLIC WELFARE

Jim Greer, County Director
Carole Chappel, Eligibility Technician Supervisor

FORMER EMPLOYEES

Mary Blake, Consultant-Social Services (Com. Serv.)
Rod Brewer, Computer Operations Supervisor (Central. Serv.)
Mike Caplis, Program Manager (EAD)
Jack Carlson, Administrator (EAD)
Dick Field, Eligibility Supervisor
Linda Fraser, Section Supervisor (EAD)
Karen Karst, Field Supervisor (EAD)
Robert Morgan, MIMS Project Manager (EAD)
Grant Roset, Program Manager-WIN (Com. Serv.)
Vicci Stroop, Programmer/Analyst (Central. Serv.)

EXECUTIVE SUMMARY

The Montana Income Maintenance System (MIMS) Project originated in response to a request on October 12, 1979 for Information Systems Division (ISD) services. The request came from Jared Adair, Assistant Administrator of the Economic Assistance Division (EAD) within the Department of Social and Rehabilitation Services (SRS). It was initiated as a result of the 1979 Legislature's authorization for the development and implementation of an automated, on-line income maintenance system.

The scope of the project includes the informational processing needs of programs administered by the Economic Assistance Division, namely the Aid to Families With Dependent Children Program (AFDC), the Indochinese Refugee Assistance Program (IRA), the Medicaid Program, and the Food Stamp Program. The primary objective of the project was defined as the implementation of an on-line system that would support effective State and county administration of these programs.

The Requirements Definition Report documents the present informational processing procedures as well as the proposed system input, functional, output and interface requirements. In addition, references are made to organizational changes that have occurred since the Project Definition Report was published in January, 1980. Organizational changes have occurred within the Department, the Economic Assistance Division, and the MIMS project structure.

This document provides a conceptual design of the proposed system. This conceptual design addresses the input, functional, output and interface requirements of the State and the counties, and is presented as ISD's recommended solution for satisfying these requirements. It provides an overview of how the proposed system would function. The report also identifies hardware/software considerations, conversion requirements, cost projections, and identification of potential benefits and risks that could be associated with the installation of the proposed system.

It is ISD's recommendation that this document be thoroughly reviewed for completeness and accuracy in a timely manner. ISD further recommends that the document be maintained in entirety for reference purposes, during the envisioned requirements re-evaluation phase.

PROJECT DEFINITION-REVISIONS

This section provides documentation on the revisions that have taken place since the Phase II - Project Definition Report was published. The purpose of the section is to inform all individuals responsible for this project of these revisions and to provide a reference section for ensuring that the revisions are accurate.

The revisions have been addressed by section, referencing Phase II - Project Definition Report. It should be noted that no procedural, program or policy changes made since July 1, 1981 have been reflected in this report. It should further be noted that federal funding provided as of October 1, 1981 is expected to modify existing assistance program rules and regulations. It is beyond the scope of this project to address these changes.

PROJECT SCOPE AND OBJECTIVES:

Reference Section 1, Phase II Report

Project scope has been expanded to include the Indochinese Refugee Assistance (IRA) Program that is supervised by the Economic Assistance Division and to include limited informational processing needs of the County Medical Program, the Emergency Assistance Program and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Project scope has been limited with the decision not to include any of the Food Distribution Program information. Project scope has not been expanded to include the low income energy assistance program, the weatherization program, and the charitable institutions programs.

Medicaid Program participation has been expanded to include the IRA-eligibles as well as the Categorically Needy and the Medically Needy.

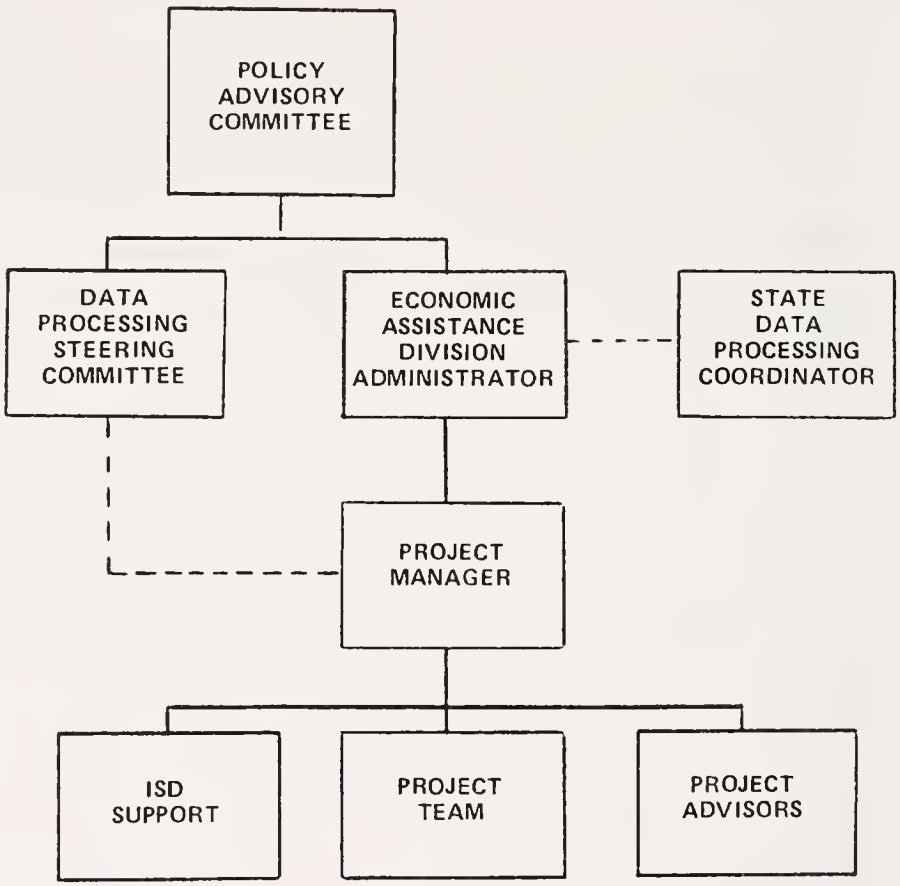
PROJECT ORGANIZATIONAL STRUCTURE:

Reference Section 2, Phase II Report

The Project Organizational Structure identified in the Phase II - Project Definition Report has changed significantly. Reorganizations that have occurred within the Department of Social and Rehabilitation Services and the Economic Assistance Division, as well as the increased awareness of project complexity have been responsible for these changes.

The following pages provide an updated graphic representation of the project organizational structure and updated definitions of project assignments and responsibilities.

PROJECT ORGANIZATIONAL STRUCTURE



Definitions Of Assignments And Responsibilities

Each project function that has changed has been defined in one of the paragraphs that follow. The definitions presented are intended to delineate only project-related assignments.

Policy Advisory Committee. The general departmental policy and budgetary decisions are addressed by this committee. The committee is also responsible for establishing and maintaining departmental cooperation. Committee membership consists of the SRS division administrators. This committee was formed in June, 1981.

Data Processing (DP) Steering Committee. Current and potential data processing projects are discussed by this committee. It is chaired by Bob Donaldson, Administrator of the Rehabilitative Services Division, and as a member of the Policy Advisory Committee he is responsible for presenting DP Steering Committee opinions to the Policy Advisory Committee. Committee membership in addition to Bob Donaldson consists of Bill Ikard, Management Analyst in the Management Operations Bureau of the Economic Assistance Division; Jim Sveinson, Assistant Chief of the Data Processing Bureau in the Centralized Services Division; Pete Surdock, Chief of the Evaluation Bureau in the Community Services Division; Sue Malek, Title XX Coordinator in the Office of Program and Planning of the Director's Office; Bert Freeman, Fiscal Analyst in the Developmental Disabilities Division; and Doug Egan, Chief of the Statistics and Research Bureau in the Centralized Services Division.

This committee was formed in April, 1981 and replaces the Data Processing/Word Processing Committee described in the Phase II Report.

Economic Assistance Division Administrator. Gary Blewett, Administrator of the Economic Assistance Division, is responsible for the MIMS project and will provide the ultimate approval of project accomplishments.

He has the responsibility for the establishment and maintenance of project commitment. As a member of the Policy Advisory Committee, Gary is responsible for communicating the status of the MIMS Project to that committee.

Project Manager. The Project Manager has the responsibility for coordination of the MIMS Project. He directs the entire effort and reviews task accomplishments. He is responsible for all agency and county communication about the project with the exception of the responsibilities just outlined for the EAD Administrator and the committees. Bill Ikard is the MIMS Project Manager.

It should be noted, however, that the project has had three managers. As was stated in the Project Definition Report for Phase II, Jared Adair first functioned in this capacity. She terminated her employment with SRS in December of 1979. Bob Morgan was assigned project management responsibility immediately thereafter and served in that capacity until April of 1981, when he terminated his employment with SRS. During April and May, Gary Blewett functioned as the interim project manager. In June, Bill Ikard accepted the position.

State Data Processing Coordinator. The State Data Processing Coordinator will monitor the MIMS Project in terms of the commitment of resources to the project within the Department of Social and Rehabilitation Services.

Troy McGee is the State's Data Processing Coordinator. Mr. McGee will also review the MIMS Project Requirements Definition Report produced during Phase III. His signature on the approval form will acknowledge his awareness of the conceptual design of the proposed system.

Mr. McGee replaces Mike Meldahl in this capacity.

ISD Support. ISD Support functions have not changed. It should be noted, however, that Terry Itami, Systems Analyst in the Systems Design Bureau, has also supported the project during Phase III.

Project Team. The responsibilities of project team membership have not changed since the Project Definition Report was published. Members of this team now include Gary Blewett, Administrator of the Economic Assistance Division; Lee Tickell, Assistant Administrator of the Economic Assistance Division; Jimmy McCabe, Chief of the Eligibility Policy Bureau; Pat Huber, Field Supervisor of the Helena District; Ron Brown, Administrator of the Centralized Services

Division; Bill Fitzgerald, Chief of the Data Processing Bureau; Jim Sveinson, Assistant Chief of the Data Processing Bureau; and Gary Managhan, Assistant Chief of the Fiscal Bureau.

Project Advisors. The responsibilities of the Project Advisors have not changed since the Project Definition Report was published. Advisors are: Anna Marie Bartole, Jon Chacopolous, and Pat Foster in the Program Integrity Bureau of the Audit and Program Compliance Division; Cheryl Hooper in the Data Processing Bureau, Mary Condie and Bob Montgomery in the Fiscal Bureau, and Doug Egan in the Statistics and Research Bureau of the Centralized Services Division; Don Sekora in the Management Operations Bureau of the Community Services Division; Mike Welsh in the Eligibility Policy Bureau, Joanne Johnson in the Field Services Bureau, Dorothy Carter, Jack Lowney and Lowell Uda in the Management Operations Bureau, and Karl Banschbach and Dale Haefer in the Medicaid Services Bureau of the Economic Assistance Division. Ray Linder, Chief of the Child Support Enforcement Bureau in the Investigation Division of the Department of Revenue also participates as a project advisor.

CUSTOMER ORGANIZATIONAL OVERVIEW:
Reference Section 3, Phase II Report

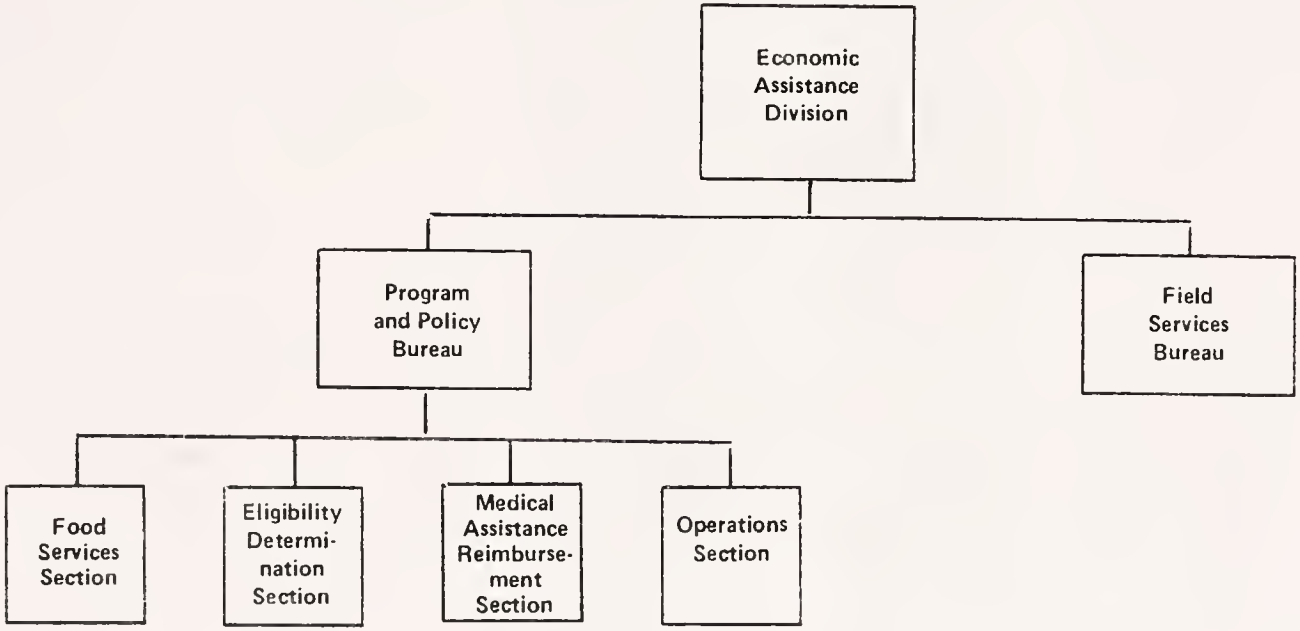
The organizational structure of the Economic Assistance Division has been changed twice since the Phase II - Project Definition Report was published.

The first reorganization redistributed responsibilities and provided more direct communication channels and more specifically defined areas of responsibility within the division. The next several pages provide a graphic of this Interim Organizational Structure and brief descriptions of the corresponding responsibilities. This structure was in place from approximately May, 1980 through May, 1981.

A graphic of the Current Organizational Structure of the Economic Assistance Division and descriptions of current division responsibilities follow the definitions of the Interim Organizational Structure. The most recent reorganization was brought about to reduce cost and improve the efficiency and effectiveness of the division, as well as to enable integration of several functions of EAD with those of the former Department of Community Affairs, Community Services Division (DCA/CSD).

ECONOMIC ASSISTANCE DIVISION

INTERIM ORGANIZATIONAL STRUCTURE



Interim Organizational Structure

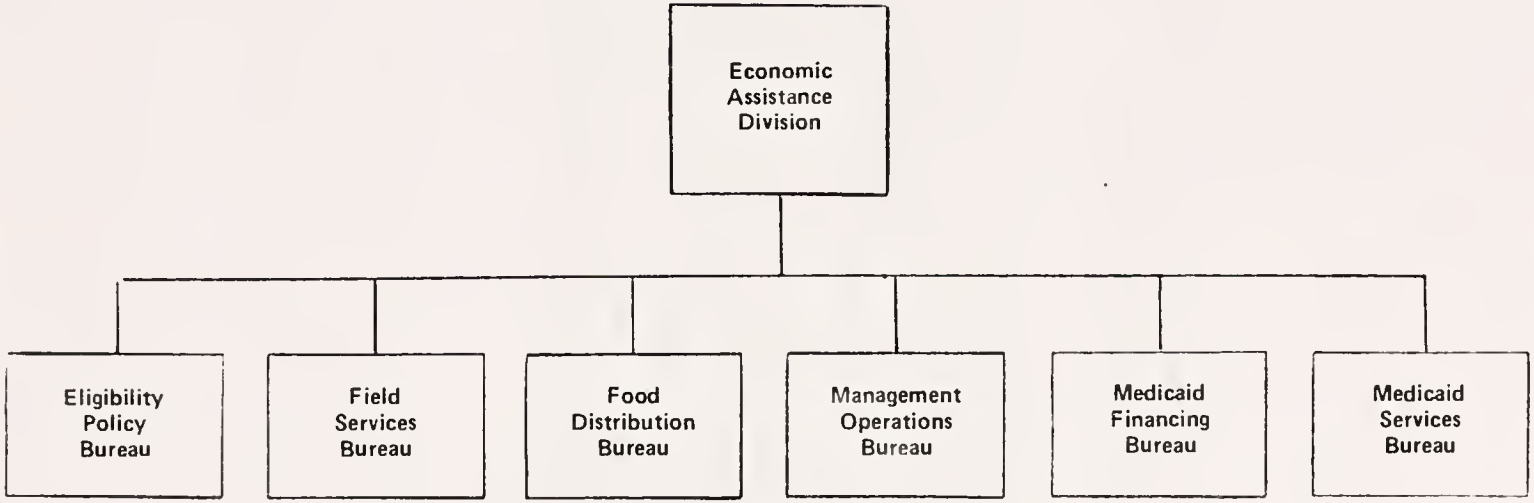
The Economic Assistance Division was comprised of two bureaus, the Program and Policy Bureau and the Field Services Bureau. The bureaus identified during Phase II became sections of the Program and Policy Bureau. By name these were: the Food Services Section, the Eligibility Determination Section (replacing the Assistance Payment Bureau), and the Medical Assistance Reimbursement Section. The Medical Assistance Reimbursement Section consisted of two units: a cost-related reimbursement unit and a fee-based reimbursement unit. The definitions of responsibilities associated with each of these sections remained the same as those that had been defined for the bureaus in Phase II, with one major exception. This was the assignment of the supervision of eligibility determination for all programs to the Eligibility Determination Section.

Additionally defined as a section of the Program and Policy Bureau, was the Operations Section. This section was responsible for budget status and cost/benefit analysis, preparation and maintenance of assistance program manuals, and the design and/or evaluation of data processing systems to be used to support the assistance programs.

The Field Services Bureau was responsible for implementing, supervising, monitoring and evaluating Economic Assistance Division programs and policies, as defined by the Program and Policy Bureau. The bureau dealt directly with the five regions of the State, assessing the needs of the counties and conveying this information to appropriate EAD staff.

ECONOMIC ASSISTANCE DIVISION

CURRENT ORGANIZATIONAL STRUCTURE



Current Organizational Structure

The Economic Assistance Division now consists of five bureaus to replace the abolished Program and Policy Bureau, with these bureaus created out of the sections or units that exited under the previous structure. These five bureaus are the Eligibility Policy Bureau, the Food Distribution Bureau, the Management Operations Bureau, the Medicaid Financing Bureau, and the Medicaid Services Bureau. The Field Services Bureau was maintained and has expanded responsibilities which include field services, state grant-in-aid administration, food stamp issuance and outreach, and secretarial management. It also has the reponsibility for contract negotiation, implementation, and supervision of the integrated DCA/CSD programs.

The Eligibility Policy Bureau combines the Eligibility Determination Section responsibilities with the eligibility functions of DCA/CSD's low income energy assistance and weatherization programs. The Food Distribution Bureau combines the food commodities distribution unit with DCA/CSD's commodity supplement programs and with SRS's Community Services Division charitable institutions program. The Management Operations Bureau is the operations support and control staff with the added responsibility for research for policy development and for contracting standards control for integrated DCA/CSD programs. The Medicaid Financing Bureau is the cost-related reimbursement unit with no new functions added. The Medicaid Services Bureau is the fee-based reimbursement unit with no new services added.

ANALYSIS OF CURRENT PROCESSES:
Reference Section 4, Phase II Report

As was identified in the revisions statements on Section 1, Project Scope and Objectives, the Indochinese Refugee Assistance Program is supervised by the Economic Assistance Division. Because this program was not identified during Phase II, a brief description of the program has been provided.

The Indochinese Refugee Assistance (IRA) Program is federally administered by the Office of Family Assistance in the United States Department of Health and Human Services. Indochinese that are eligible for AFDC Program participation are referred to as Indochinese/AFDC and they receive benefits that are 100% federally funded. IRA Program participants are eligible for Medicaid (also 100% federally funded) and may be eligible for Food Stamp Program participation. Additionally, the income information provided by the Employment Compensation Division and the Division of Workers' Compensation are used in determining appropriate levels of IRA assistance benefits.

IRA Program participants are identified for MIMS on the EA1-3's. The processing described at both the State and county levels for the AFDC applicants and recipients also applies for IRA applicant and recipient processing.

Several other minor modifications to the processing described in the Phase II Report should be noted. The Medicaid Services Bureau provides supervision for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

The Economic Assistance Division is supported by the Contingency Revolving Account System that captures and maintains information about first check activities. Medicaid Program (Medical travel) and AFDC and IRA Program benefit checks that are issued at the State (for the counties) or in the counties are recorded in this system.

The division is also supported by the Warrant Inquiry System. It sources MIMS and the Contingency Revolving Account System information to obtain limited issuance information on AFDC and/or IRA Program recipients.

The Eligibility Technicians use disbursing orders to pay vendors for goods, services, food and/or living accommodations for AFDC or IRA recipients. When these vendor payments are made, the counties bill SRS for the State and federal share of these payments.

Temporary Social Security Numbers ("T-numbers") are assigned sequentially by the counties based on ranges of available T-numbers maintained by the Data Processing Bureau.

At this time, Eligibility Technicians do not advise SRS of discrepancies between the Social Security Administration (SSA) microfiche and MIMS information.

FUNCTIONAL OVERVIEW:

Reference Section 5, Phase II Report

The functional definitions that were published in the Phase II - Project Definition Report - have been revised. The definition of the eight original functions was first expanded by the addition of the requirement of an Accounts Receivable function. These nine functions have since been reorganized into three functions. It is in terms of these three functions that the requirements definitions have been gathered.

The following list identifies the original functions and shows their relationship to the revised functions.

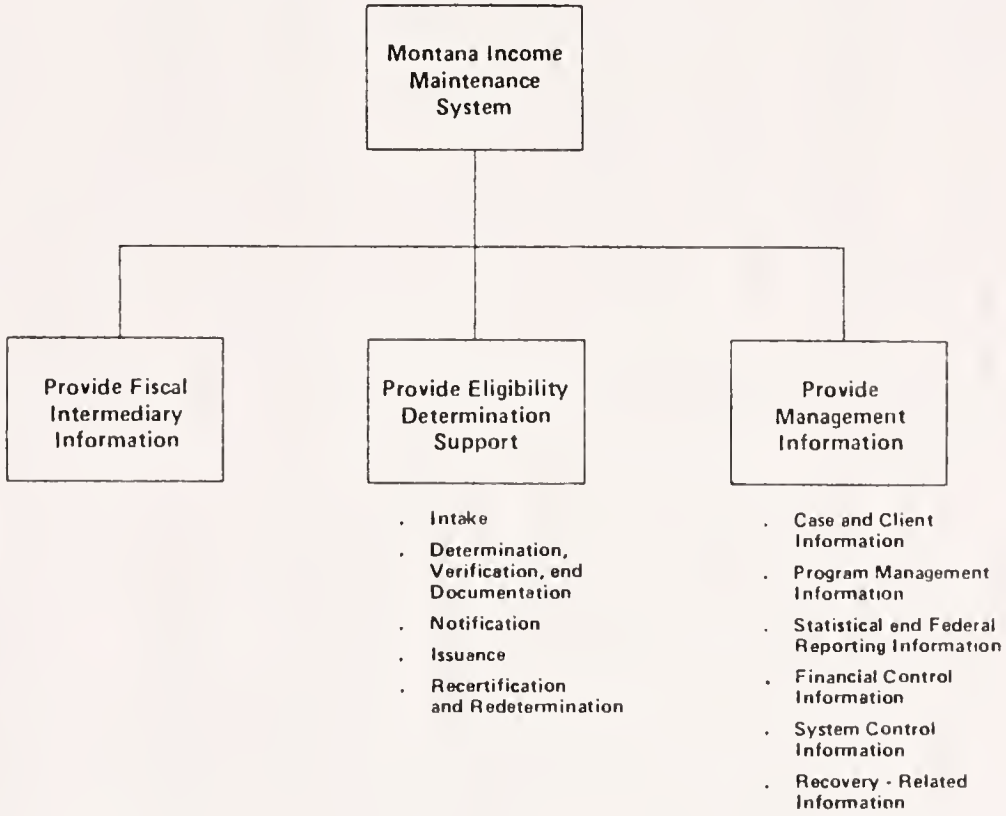
Original Functions	Revised Functions
Case and Client Information	Eligibility Determination Support and Management Information
Eligibility Determination	Eligibility Determination Support
Assistance Program Benefits	Eligibility Determination Support
Fiscal Intermediary Information	Fiscal Intermediary Information
Management Information	Management Information
SBAS Interface Information	Management Information
Auditor's Warrant System Interface Information	Management Information
Controlled Data Availability	Management Information
Accounts Receivable Information	Eligibility Determination Support and Management Information

The next page contains a graphic overview of the major revised functions of the proposed system. The pages that follow this graphic provide brief narratives on the revised functions. Changes required to the original functional definitions have also been documented.

It should also be noted that basic system control and system recovery requirements have been addressed as functional requirements in the Functional Requirements Section of this report. These functions have not, however, been identified as major functions of the proposed system and have not been included as revisions.

More detailed definitions of the functional requirements are documented in the Functional Requirements Section of this report, (see Section 5.0).

FUNCTIONAL OVERVIEW



Fiscal Intermediary Information

The system should provide the fiscal intermediary with Medicaid eligibility information. This information should include the Medicaid recipients' Social Security Numbers (or "T" numbers), the actual dates of Medicaid eligibility, third party liability information including Medicare availability information, and information on the facility and the income allotted to the facility when any Medicaid recipient resides in a nursing home facility.

The system should recognize and maintain summary information on the Medicaid benefits received by recipients, as reported monthly by the fiscal intermediary.

It had been anticipated that the fiscal intermediary would be apprised of the any incurrment amounts required per Medically Needy recipients. The fiscal intermediary will not be advised of incurrment amounts. It had also been anticipated that the fiscal intermediary would be provided with information on a schedule of twice a month. The schedule will be weekly for the providing this information to the fiscal intermediary.

Eligibility Determination Support

As was portrayed in the introductory section on functional revisions, the revised Eligibility Determination Support function now consists of the combined functions described orginally as Case and Client Information, Eligibility Determination and Assistance Program Benefits and, later modified to include Accounts Receivable Information.

This function should provide the following capabilities:

- To capture, maintain and report case and client information on assistance program applicants, both eligible and ineligible.

- To access the SRS information maintained on foster care trust accounts, foster care payments and repayment account agreements.

- To access assistance program eligibility determination criteria and to automatically utilize this control information to aid the Eligibility Technicians in the eligibility determination process.

- To generate proof of eligibility and/or actual assistance program benefits for assistance program recipients.

- To generate county reimbursement warrants for counties that had provided AFDC and/or IRA benefit advances and/or Medicaid Medical travel advances.

This function would consist of five sub-functions, namely: Intake; Determination, Verification and Documentation; Notification; Issuance; and Redetermination and Recertification. The paragraphs that follow briefly describe each of the sub-functions.

Intake. This sub-function should provide the following:

- The on-line inquiry capability to identify any previous (within the last three years) or current assistance program involvement of the applicants, including recognition of outstanding repayment account activities pertaining to any of the applicants.

- The on-line entry and update capabilities for case and client information.

- The capability to perform validation of information entered into the system through limit and range checks, comparisons, and logical relationship and reasonableness tests.

- The capability to perform comparative evaluations and arithmetic calculations based on the information provided by the Eligibility Technicians and based on the information maintained by the system.

The requirements for on-line update capabilities were not addressed in the original functional definitions.

Determination, Verification and Documentation. The sub-function should provide the following:

- The capabilities to recognize nursing home recipients and generate requests for personal account information about these recipients from the nursing homes for use by the Eligibility Technicians in controlling resource levels.

- The capability to generate Worker's Compensation, Unemployment Compensation and Employment Security Division reference information about assistance program recipients for use by the Eligibility Technicians in the verification process.

- The capability to maintain Buy-In eligibility and termination information, including reconciliation information on assistance and non-assistance recipients.

- The capability to provide the Social Security Administration with monthly information regarding Buy-In discrepancies in information about the assistance program recipients.

- The capability to maintain BENDEX information on an annual basis and the capability to recognize monthly updates to this information as provided by the Social Security Administration.

- The capability to provide the Social Security Administration with monthly update information on AFDC, IRA, Food Stamp and/or Medicaid recipients for the purpose of acquisition or termination of BENDEX information per these recipients.

- The capability to recognize SSI recipients based on the SDX information provided by the Social Security Administration and the capability to generate Medicaid availability notifications for these SSI recipients.

- The capability to recognize SSI closures based on SDX information.

The original functional definitions have been expanded for this sub-function to provide the following:

- The capability to recognize and maintain enumeration information obtained from the Social Security Administration.

- The capability to maintain information on temporary Social Security Number assignments and availability.

- The capability to retrieve and report on MIMS-related repayment account agreement activity.

- The capability to retrieve and report on information regarding the status of foster care recipients who are no longer receiving foster care benefits, but who are assistance program benefit recipients.

- The capability to retrieve and report on the foster care trust accounts information needed for verification of assistance program eligibility.

- The capability to recognize and report on the annual LEADS information provided by the Social Security Administration.

Notification. This sub-function should provide the following:

- The capability to advise assistance program applicants of program eligibility or ineligibility, the periods of eligibility and associated program benefits, and/or the need for additional information and/or verification of information on which to base eligibility determination or continuing eligibility, or which may result in case closure.

- The capability to advise the assistance program applicants with notices of adverse action, with information about the availability of the Family Planning Program and the Early and Periodic Screening, Diagnosis

and Treatment Program, and with information on their rights to Fair Hearings.

This sub-function would not provide General Assistance Program, County Medical Program, or Emergency Assistance Program recipient notifications.

Issuance. This sub-function should provide the following:

- The capability to generate proof of eligibility (Medicaid Identification Cards and Food Stamp Household Identification Cards) and/or to generate actual assistance program benefits (AFDC and IRA checks) for the assistance program recipients.

- The capability to generate warrants to reimburse the counties for AFDC/IRA benefit advances and for Medicaid medical travel advances.

- The capability to support centralized distribution of food coupons.

- The capability to capture and maintain summary Medicaid benefit information as reported by the fiscal intermediary.

- The capability to capture and maintain information on the issuance of State AFDC and IRA benefit warrants; on the county issuance of AFDC and IRA advances, replacement benefits, and/or vendor payments; and on the county issuance of Medicaid medical travel advances.

- The capability to capture and maintain information on regular, restored, retroactive, supplemental and expedited food coupon issuance, and on replacement issuance (for inventory reconciliation purposes).[1]

[1]The sub-function would not provide the capability to generate replacement Medicaid Identification Cards or Food Stamp Household Identification Cards, replacement Food Stamp allotments, or replacement benefit warrants.

- The capability to maintain historical benefit information, including identification of periods covered by AFDC and IRA grants and identification of all persons for whom the individual grants were intended.

The sub-function capabilities to issue warrants daily, to record partial county issuances, to record AFDC and IRA vendor payments, to address AFDC and IRA supplemental payments, to record Medicaid medical travel payments, and to issue reimbursement warrants are expanded definition items not part of the original functional definitions.

Redetermination and Recertification. This sub-function should provide the following:

- The capability to generate a forecast of caseload activities that could affect the assistance program recipient's eligibility or continuing eligibility for benefits during the coming month(s).

- The capability to change information stored in the system and to maintain a record of these changes as historical information.

- The capability for mass change(s) regarding assistance program benefit levels.

- On-line inquiry, entry, and update capabilities.

- The capability to perform validation of information entered into the system through limit and range checks, comparisons, and logical relationship and reasonableness tests.

- The capability to purge and archive information.

The requirements for on-line update capabilities were not addressed in the original functional definitions.

Management Information

As was portrayed in the introductory section on functional revisions, the revised Management Information function now consists of the combined functions described originally as Case and Client Information, Management Information, SBAS Interface Information, Auditor's Warrant System Interface Information, Controlled Data Availability, and Accounts Receivable Information.

This function should provide the following:

- The capability to generate reports to facilitate improved assistance program management, including information needed to satisfy the majority of county, State, and federal reporting requirements and information that should reduce manual compilation of control, activity, and comparative assistance program data.

- The capability for sharing assistance program data to benefit the assistance programs.

- The capability to generate reports that monitor the data processed by the system and reports to enable the correction of erroneous information.

This function would consist of six sub-functions, namely: Case and Client Information, Program Management Information, Statistical and Federal Reporting Information, Financial Control Information, System Control Information, and Recovery-Related Information.

Case and Client Information. This sub-function should provide the capability to generate reference sources for information about assistance program applicants and recipients. This information should be made available either through on-line inquiry, in hard-copy format or on microfiche.

Program Management Information. This sub-function should provide the capability to generate reference sources for information about assistance program participation. It should provide for the type of management information required to

facilitate specific program decisions at State and county levels. This information should be made available either through on-line inquiry, in hard-copy format, or on microfiche.

Limited amounts of information should be provided to support the Work Incentive Program (WIN) and the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT).

Statistical and Federal Reporting Information. This sub-function should provide the capability to generate reference sources for information to facilitate quality control sampling, statistical research, and federal reporting. This information should be made available in hard-copy format and/or on magnetic media.

Financial Control Information. This sub-function should provide the following capabilities:

- To accumulate and report on MIMS assistance program benefit and reimbursement warrant issuances.
- To accumulate and report on information about issuances of county advances for AFDC benefits, IRA benefits and Medicaid medical travel.
- To advise the State Auditor's Office of the MIMS-issuance of State warrants.
- To accumulate and to report on cancellations of assistance benefit warrants.
- To generate monthly reconciliation reports for use in verifying MIMS information with activity reported by the Statewide Budgeting and Accounting System, the Auditor's Warrant System, the Accounts Receivables System, and the counties in terms of the county advance accounts.

The original definitions have been modified and will not include provisions to calculate the federal, State and county shares of benefit obligations.

System Control Information. This sub-function should provide the following:

- The capability to capture and maintain: system control criteria; system control tables; position number, county of application, and county of responsibility correlaries; and authorized terminal user control tables for controlling on-line access to and update of system information.

- The capability to capture and maintain nursing home and county office address information.

- The capability to generate control reports to identify data entered and processed.

- The capability to monitor on-line activity.

- The capability to provide help screens to aid terminal users.

Recovery-Related Information. This sub-function should provide the following:

- The capability to maintain and report on absent parent information. This information should identify absent parents associated with AFDC cases, and it should include notification of AFDC Case closures during any month. The information should be made available in hard-copy format.

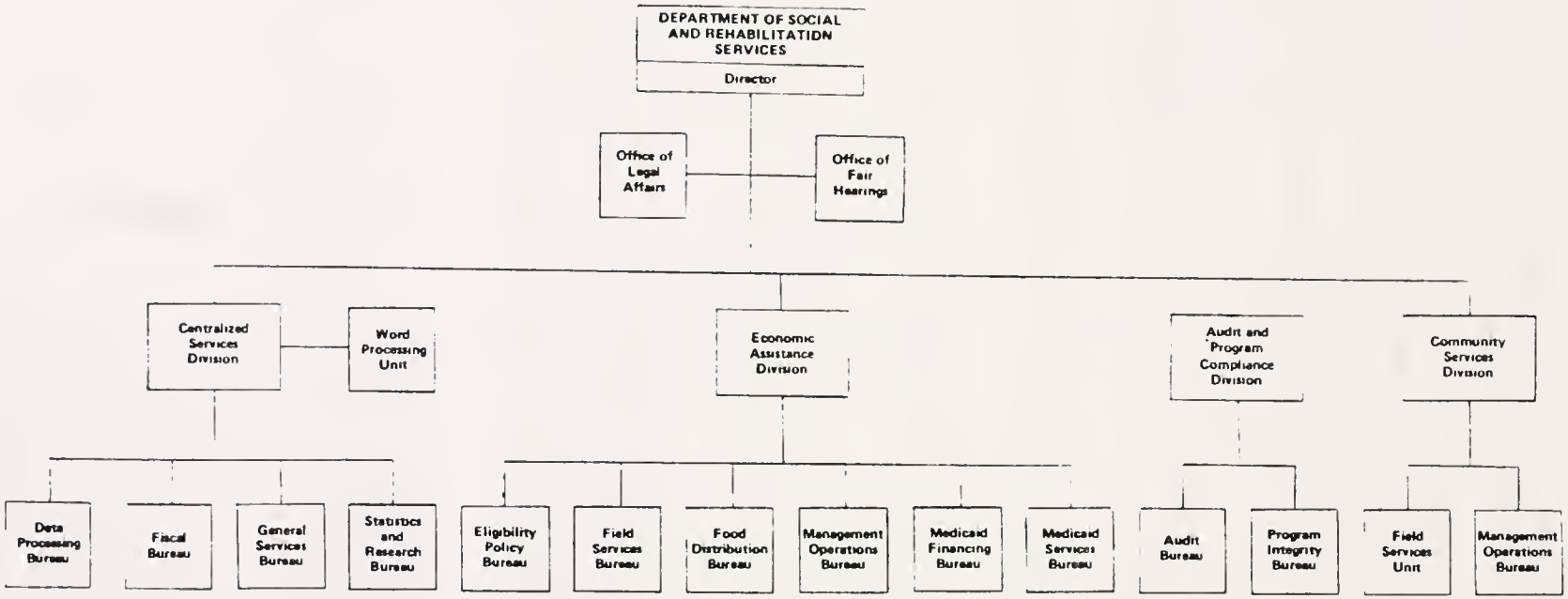
- The capability to generate reports on closure of Medicaid cases due to the death of Medicaid recipients and on deaths of Medicaid recipients that had been residing in nursing homes. This information should be made available in hard-copy format.

PRESENT SYSTEM SUMMARY

The purpose of this section is to provide an overview of the systems, both manual and automated, that are presently used by the State and county personnel to manage the assistance programs.

The section focuses on the assistance programs' functioning and related informational processing procedures, with little emphasis on administrative procedures. The charts on the next several pages provide graphic overviews of SRS involvement.

PRESENT SYSTEM SUMMARY – SRS INVOLVEMENT



PRESENT SYSTEM SUMMARY

SRS - OTHER AGENCY INVOLVEMENT

SRS Divisions	Other Agencies		
	State	Federal	Contracted
Economic Assistance	Employment Security Division Division of Workers' Compensation Department of Revenue	Department of Health and Human Services (DHHS) Social Security Administration (SSA) United States Department of Agriculture (USDA)	Dikewood Corporation Montana Foundation for Medical Care
Audit and Program Compliance	Employment Security Division Division of Workers' Compensation Department of Revenue	DHHS USDA	Dikewood Corporation Montana Foundation for Medical Care
Centralized Services	Department of Revenue	SSA DHHS USDA	Dikewood Corporation
Community Services	Employment Security Division	United States Department of Labor DHHS	

INTRODUCTION

The assistance programs addressed in this section are the Aid to Families with Dependent Children Program, the Indochinese Refugee Assistance Program, the Medicaid Program and the Food Stamp Program. The application procedures for the programs are interrelated due to common elements in the definitions of each of the programs' Federal and State rules, regulations and eligibility criteria.

As stated in the Phase II Project Definition Report, the State supervises the counties' administration of the assistance programs. Program responsibility at the State level resides within the Economic Assistance Division of SRS within six bureaus, namely, the Eligibility Policy Bureau, the Field Services Bureau, the Food Distribution Bureau, the Management Operations Bureau, the Medicaid Financing Bureau and the Medicaid Services Bureau. Responsibilities within these bureaus follow technical and functional lines. Three additional divisions within SRS also provide operational and record keeping support for the assistance programs. Program responsibility at the county level resides within the County Welfare Offices, with program support provided primarily by the County Directors, Eligibility Technician Supervisors and Eligibility Technicians (E.T.'s).

It is important to remember that the County Welfare Offices are staffed and operated according to the size and welfare needs of each county. There are County Welfare Offices where the County Director also serves as the Eligibility Technician, and there are County Welfare Offices with staffs of sixty or more.

This section begins by addressing the assistance programs from the county perspective. It then outlines State functions, and sequentially delineates the processing steps required to record and report assistance program information and to provide assistance program benefits.

COUNTY WELFARE OFFICES

The order in which the programs are addressed portrays a typical sequence of events for an applicant in need of participation in all programs. A modified approach would be used if limited program participation were appropriate.

The applicant, who may or may not have prior knowledge of the assistance programs, is first involved through the initial screening process performed by a receptionist. The receptionist briefly describes the county procedures and the basic types of verification information that are required to substantiate eligibility criteria for assistance program participation. Based on the applicant's comments, the receptionist initially identifies the applicant's basic requirements for assistance.

The receptionist requests that the applicant complete an Application/Redetermination for Assistance Form (EA-1A) in preparation for an interview with an Eligibility Technician[1]. The applicant is informed of the time scheduled for this interview. If necessary, the E.T. may assist the applicant with the application form during the initial interview.

The receptionist assigns the applicant's case to an E.T. according to the procedures of the county office. For example, the case may be assigned alphabetically by applicant name or on the basis of program and/or category of assistance anticipated to be provided. In either case, the applicant will usually be interviewed by one technician for all program eligibility determinations. The county's interview approach may be either on an appointment basis, a walk-in basis, or a combination of both.

During the initial interview, the E.T. may gather the applicant's profile information and record it on a Face Sheet (EA-1E). The E.T. completes the Application for Financial, Medical and/or Food Stamp Assistance (EA-1). The E.T. then

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[1] The EA-1A is completed only when the applicant is applying for financial and/or medical assistance. In cases where only food stamp coupons are being requested, the Application for Food Stamps (FS-1) is completed (see the Food Stamp Program section).

matches the needs of the applicant with the assistance programs available. This matching takes all available programs into consideration, and is not limited to the programs being addressed by this Project. Alternative programs include the Supplemental Security Income Supplementation Program, the County Medical Program, the Emergency Assistance Program, the General Assistance Program, the State Renal Medical Assistance Program, the Low Income Energy Assistance Program, the Weatherization Program, Social Services Programs, etc. Neither the local Human Resource Development Council (HRDC) procedures for the application of the Low Income Energy Assistance and the Weatherization Programs nor the county procedures for the application of the remainder of these programs have been addressed.

The E.T. uses the Eligibility Intake Checklist (EA-WS1) as an outline for the interview and informs the applicant of program participant rights and responsibilities. When the applicant signs the EA-1A acknowledging awareness of the rights and responsibilities associated with program participation, the eligibility determination procedure may then continue. At this time, the EA-1 is submitted for State processing and the applicant's case is acknowledged as pending.

The applicant eligibility determination process for any individual program is terminated whenever the E.T. determines that the applicant is ineligible for participation in a particular program. Applicant ineligibility is recorded on the EA-2 only if assistance program participation is denied for either AFDC or IRA and Medicaid. The EA-2 would then be submitted for State processing and the pending case would not be opened. The applicant would be advised of program ineligibility by way of a Letter of Notification (EA-27).

County personnel communicate directly with the Social Security District Offices, investigators from the Department of Revenue, and the local employment or Job Service Offices. The Social Security Offices are contacted for verification of benefit levels and/or verification of Supplemental Security Income (SSI) Program participation. The investigators from the Department of Revenue frequently request county personnel to research case histories and to delineate AFDC grant amounts. This research is required to determine the amount of any overpayment made, and generally relates to cases where child support payments have not been received. The Job Service Offices are contacted for verification of work registration.

County case file maintenance varies per county, but individual case files are always maintained. Food Stamp information is usually maintained separately, however. The counties maintain manual tickler systems that initiate the case redetermination actions. The MIMS processing also produces tickler reports for the E.T.'s. Most counties have reserved one day per week to allow time for the E.T.'s to complete their paperwork. It is during this time that they verify eligibility information, perform eligibility computations, make home visits, prepare required forms and form letters, prepare documentation for county transfer cases, perform AFDC benefit research, and update files associated with their caseloads, including the recording of deaths, etc. Changes in assistance benefits determined by the E.T.'s must be communicated to the recipients in advance of the payment adjustment.

The E.T.'s are also responsible for communicating benefit errors to assistance program recipients and the State office. Depending on the reason for the error and/or the amount of the benefit error, repayment actions can be initiated. Repayment agreements are handled either through the county or the State office. For AFDC or IRA errors, the repayment might be made through a reduction in the AFDC or IRA benefit. For Food Stamp errors, the recipient might be required to submit cash for the repayment. Repayment agreements must be maintained in county files.

Assistance program costs are charged back to the counties on a monthly basis. The County Directors review the billing statements and forward the statements to the County Treasurers for payment. These statements reflect proportionate county shares of the grant and benefit expenditures, and personnel and administration costs which are based on time studies. (The time studies result in a Cost Allocation Plan with funding charges divided between the United States Department of Agriculture and the United States Department of Health and Human Services, Titles IV-A and XIX.) The bills are based primarily on the MIMS-generated Warrant Register and subsequent adjustments, the county personnel payroll information, and the county issuance of assistance warrants. Cancelled warrants are also taken into consideration.

Aid to Families with Dependent Children (AFDC) Program

The eligibility criteria for participation in this program are both categorically related and income and resource tested. The applicant must be the custodian of dependent children and must provide verification of the condition of deprivation claimed. The applicant must provide: copies of birth certificates for self and children, or an acceptable substitute for age verification; Social Security cards for self and children, or complete applications for same; third party liability information; authorization forms to facilitate the review of financial and medical records; child support assignment; a record of work registration; statements on living expenses including day care; statements of contribution from relatives; statements on real property and life insurance; identification of liquid assets and other personal property; statements of earned and unearned income; and identification of income disregards to be evaluated by the E.T. during the eligibility determination process. Federal and State rules and regulations for program participation require applicant signature on forms designed to record much of this information.

The E.T. then advises the applicant to obtain any verification information not available during the interview. (The E.T. would also request any additional program participation verification documentation at this time if multiple program participation involvement were anticipated. See Medicaid and Food Stamp Program definitions.) Upon receipt of complete verification information, the E.T. performs the budget computation and makes the AFDC grant recommendation. The budget computation is based on the AFDC income standard. The grant recommendation is substantiated by technician documentation. Full assistance program benefits including Medicaid and/or Food Stamps would be determined if appropriate.

The grant recommendation and documentation are then reviewed by the Eligibility Technician Supervisor and/or the County Director. Grant recommendations may be read into the minutes before County Commissioner's meetings. These readings provide the county with a record of program participation in their meeting minutes.

The E.T. is advised of the approval of the grant and must complete the EA-2 to be submitted for State processing to activate the case. A Letter of Notification (EA-27) is then sent to the applicant stating AFDC eligibility and is accompanied by the first AFDC benefit check (referred to as the first check in the county) and a manually prepared Medicaid Identification Card. (AFDC eligibility renders Medicaid eligibility.) The issuance of the first check is recorded on the county's First Check Register.

The determination and approval process takes approximately fifteen to twenty days. The county may provide General Assistance support in the interim, depending on individual case needs.

The AFDC or IRA grants are calculated for assistance units. They usually consider the needs of the applicant and all dependent children in the household. The needs of any such child, however, may not be included in the grant if the child is the recipient of benefits from the SSI program. Additionally, the AFDC or IRA grant may not include the needs of the applicant should it be impossible to obtain the applicant's cooperation with mandatory work related registration and/or the release of information (e.g. assignment of rights), or if the applicant is participating in the SSI program. If necessary, the AFDC or IRA benefits may be issued by check or warrant to a protective payee or to a vendor.

AFDC or IRA grants are awarded on a monthly basis, with the benefit checks mailed to the recipient, protective payee, or vendor by the first day of the month during the period of eligibility. As a general rule, only the first AFDC or IRA benefit check would be generated in the county with subsequent benefit warrants being generated as a result of the State's current automated Montana Income Maintenance System (MIMS). There are, however, two types of exceptions to this rule. The first type of exception relates to vendor payments which are made by the county offices by issuing disbursing orders to the vendor furnishing food, living accommodations, or other goods and services to the AFDC or IRA household. When vendor payments are made, the county bills SRS for the State and federal share of such payments on the General Purpose Invoice Form (AD-17).

Medicaid cards for these cases are generated by MIMS. The second type of exception relates to the need for the issuance of county checks to reflect grant adjustments occurring near the end of the monthly processing cycle, when the automated system could not be adjusted in time to reflect the necessary change on a benefit check. County personnel must also advise the State office of any case closures occurring during this time, so benefit checks and/or Medicaid Cards for these cases will not be released. Changes in case status that occur during this time are reflected on EA-1's and/or EA-2's and are processed by MIMS as received with the grant amount adjusted for the following month.

Redetermination of eligibility is required approximately every six months for each assistance unit. Recalculation of the grant amount may be required when the household membership or situation changes.

Another means by which applicants are identified as potentially eligible for AFDC benefits is through Foster Care Program participation[2]. The county Social Worker involved with the Foster Care case would act as the representative for the Foster Care recipient during the assistance program intake procedure. The condition of deprivation for the Foster Care recipient would be verified by the court order stipulating child placement. The application and eligibility determination procedure would be required to determine whether AFDC-related benefits (Medicaid) could also be provided for the child.

The Social Worker for the Foster Care case is also responsible for notifying the E.T. of any change regarding the foster care arrangement that might affect AFDC/Foster Care eligibility.

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[2] Additionally, participation in other child-related programs such as the Child Welfare Services Program, After Care Program, Youth Court, Catholic and Lutheran Social Services, etc. is communicated for the AFDC-related (Medicaid) or Medicaid eligibility determination process by the applicant agencies. This communication is made through county Social Workers or directly to Eligibility Technicians.

Indochinese Refugee Assistance (IRA) Program

Indochinese refugees who are in need may be eligible for assistance through the AFDC Program, the SSI Program, or the IRA Program. The AFDC Program, as has been discussed, and the IRA Program are available through the County Welfare Offices. Those refugees who may be eligible for SSI participation are referred to the Social Security Administration (SSA) for a determination of eligibility.

The Indochinese refugees who are in need are first tested for eligibility for regular AFDC. Cases eligible for AFDC are referred to as Indochinese/AFDC Cases. Those cases ineligible for AFDC because of the deprivation factor are then tested for eligibility for IRA Program participation.

The IRA Program provides financial assistance to needy eligible persons who entered the United States from Cambodia, Vietnam or Laos on or after April 8, 1975. Needy persons are those whose resources and income levels are below the State standards.

The IRA Program eligibility criteria are similar to AFDC criteria. The county application, reporting, and benefit procedures are nearly identical. IRA participation also renders Medicaid eligibility. An IRA assistance unit may consist of an individual, a couple, an intact family or a combination of family members and the budget determinations are based on the living arrangements of such groups of related persons. Additionally, only the residence, citizenship and alienage factors of the non-financial eligibility criteria defined for AFDC must be met by the IRA applicant. The financial eligibility factors including income and resource criteria and the payment standards are the same for IRA as for AFDC. Employment and training requirements must also be met in order for the applicant to be eligible for IRA participation.

Indochinese/AFDC and IRA cases are limited to span of thirty-six months of 100% federally funded assistance as of April 1, 1981. Following thirty-six months of program participation, AFDC-related recipients are identified as recipients of regular AFDC assistance if they continue to meet the eligibility criteria for the AFDC Program. IRA recipients who are not eligible to receive AFDC benefits receive timely and adequate notice of IRA Program closure.

Medicaid Program

The eligibility criteria for participation in this program is category and income related. Categorical eligibility results from AFDC (including AFDC/Foster Care or CWS), IRA, or SSI Program participation. Others categorically eligible for AFDC, IRA or SSI participation, who have either refused to accept cash benefits or who have not met program requirements for receiving cash benefits, would receive Medicaid Program benefits. The Medically Needy Program is available for those with a categorical relationship, but income levels exceeding AFDC or SSI income standards.

SSI eligibility determinations are made by the District Social Security Offices. SSI benefit checks are generated and distributed by the Social Security Administration. The identity of these Medicaid Program eligibles is communicated from the Social Security Administration to the State office by way of the State Data Exchange System (SDX). Copies of the SDX information are prepared on microfiche for county reference. The counties also receive a MIMS-generated listing of new SSI openings and (EA-1F) letters for each of the SSI recipients. These letters are prepared to advise the SSI recipients of their Medicaid eligibility. The counties then open a Medicaid case and prepare a Medicaid Identification Card for each of these individuals. The (EA-1F) letters and the Medicaid Identification Cards are then mailed to the SSI recipients. Subsequent Medicaid Identification Cards are generated by MIMS and sent to these SSI eligibles as long as their cases remain open.

It should also be noted that the Social Security Offices began taking the Applications for Food Stamps for SSI households in August, 1980. These applications and any supporting documentation are forwarded to the County Welfare Offices for eligibility determination.

Medicaid recipients are categorized as Categorically Needy, IRA eligible, or Medically Needy. The Categorically Needy are the AFDC or SSI recipients and the Medical Assistance Only (MAO) recipients. MAO recipients are those individuals, eligible for cash assistance from either AFDC, IRA or SSI, who have chosen not to receive cash benefits. The Medically Needy are those who, according to

deprivation and income level, are eligible for Medical Assistance. The Medically Needy income-related criteria are based on the AFDC income standard, and the medical benefits to be received are determined accordingly. Medically Needy recipients with income levels equal to or less than 133-1/3% of the AFDC income standard are eligible for Medicaid benefits with no incurrment. Medically Needy recipients with income levels above 133-1/3% of the AFDC income standard are eligible for Medicaid benefits only after an incurrment.

Medical assistance is provided to the Categorically Needy, the IRA eligible, and those Medically Needy who have no incurrment for the entire month once the recipient has been determined eligible on any day of that month. Medically Needy eligibility determined with an incurrment is based on a four-month period, with the eligibility date defined as the day within that four-month period that the client has incurred enough medical expenses to equal the amount of the incurrment. This eligibility may cover all or a portion of the medical expenses incurred on the eligibility date.

Should an AFDC or IRA case become ineligible for program participation due to earnings, Medicaid benefits can be extended for the case for a four-month period following the month in which the final benefit check is received if a member of the assistance unit remains employed. The E.T. would need to complete an EA-2, and submit it for State processing, to identify the case as eligible for Medical Assistance Only for the four-month period. After this period the recipient would need to apply for the Medically Needy Program for continued eligibility.

Medicaid eligibility for the Categorically Needy applicants would have been determined by this time, either as explained under the AFDC Program or through SSI Program participation. IRA eligibility would also have been determined as explained under the IRA Program and would render Medicaid eligibility. The E.T. now explains the Medicaid Program benefits to the applicant and manually prepares the applicant's Medicaid Identification Card. This card identifies the household membership eligible for benefits and the Medicaid eligibility period. Subsequent Medicaid Identification Cards are generated by MIMS.

To determine Medicaid eligibility for the Medically Needy, the E.T. must verify that the client is categorically eligible. Birth certificates, Social Security Cards or applications for same, proof of income and resource levels, release of medical information, identification of other governmental program participation, and statements of disability (if applicable) must be acquired to support the determination process. Federal and state rules and regulations for program participation again require applicant signature on forms designed to record this information.

The E.T. performs the budget computations and manually prepares the Medicaid Identification Card. The technician records the Medicaid status on the EA-2. If an adult case, an EA-3 is also prepared. In nursing home cases, the EA-3 would indicate the dollar amount that the client would have to pay to the nursing home each month. These forms are submitted to the State office for processing.

Medicaid eligibility status must be evaluated whenever the household membership changes, or when income or other government program participation levels change.

Food Stamp Program

The eligibility criteria for participation in this program is income and resource related. It is sometimes a companion program to the AFDC, IRA, Medicaid, and SSI Programs. (An estimated 4,000 AFDC households and the majority of SSI recipients participate in the Food Stamp Program. An estimate of fewer than twenty percent of Medical Assistance Only recipients are Food Stamp participants. Approximately 3,000 households receive Food Stamps and do not receive benefits from the above programs.) Food Stamp households need not consist of family units.

It should be noted that the procedures required to record Food Stamp Program participation are not related to any automated system processing. Each county is responsible for maintaining participation records and for reporting this information to the State office on a monthly basis.

The E.T. provides the applicant with an Application for Food Stamps (FS-1). Once page one has been completed and given to the E.T., the technician has thirty days to take action, unless the applicant has requested expedited services. Pages two through five of the application form must be completed, however, before eligibility can be determined. The E.T. advises the applicant of the penalties for abusing program privileges.

The applicant must identify household members and provide verification of resources and earned and unearned income; Social Security cards for all household members, or completion of an application for same; identification of roomers and boarders, dependent care costs, and shelter expenses; a statement of work registration; and statements of student income. The applicant must also provide a statement of medical expenses for any household member over sixty years of age or who receives SSI benefits or Social Security Disability payments. If appropriate, the applicant must agree to release confidential information. Federal and state rules and regulations again require applicant signature on forms designed to record this information.

Once the E.T. has the necessary information, the eligibility determination process begins. The determination process itself takes an average of twenty minutes. The Application Worksheet (FS-20) is completed to determine eligibility and the Thrifty Food Plan is referenced to determine the coupon allotment level.

Once household eligibility and the allotment level have been determined, the E.T. advises the food stamp clerk. The food stamp clerk prepares the Household Identification Card, the Authorization to Participate Card (ATP) and the Household Participation Record Card (HPR). The HPR card is assigned a household number and is maintained in the county file as an historical record of program participation. The ATP card is referenced to complete the ATP Register. This register provides the basis for food stamp usage reconciliation.

The ATP Card and the Household Identification Card are presented to the applicant. The ATP Card is then taken to the food stamp Issuance Agent. Coupons are received

in exchange for this card. The ATP Card then becomes the Issuance Agent's means for food stamp issuance reconciliation. The Household Identification Card is kept by the applicant as proof of identification for the grocer as the coupons are redeemed. At the applicant's request, or if the applicant is incapable of handling the coupons, an authorized representative can be identified to act in the interest of the applicant.

It should be noted that if expedited services are requested, eligibility determination and coupon disbursement must be provided within three days of the submission of the initial application.

An alternative method is also permissible for coupon distribution. Some counties have been authorized to use mail issuance. In these counties, the coupons are mailed directly to the recipients or their authorized representative and coupon issuance is recorded on the Mail Issuance Log for reconciliation purposes.

Coupons are issued monthly, with recertification required at varying intervals. The majority of cases are reviewed every three months. If the recipient is an SSI recipient, redetermination processes are scheduled on a yearly basis. AFDC-related and IRA cases are scheduled for redetermination approximately every six months, and unstable household redeterminations are scheduled monthly. Food Stamp benefits can be extended for a two-month period at the household's request when a household relocates. This may occur even if the certification period expires during that time.

An additional Food Stamp participation regulation states that an individual may not receive both coupons and Food Distribution benefits at the same time. Applicants in areas where Food Distribution programs are located may elect the benefit they wish to receive.

STATE OFFICES - SRS

The Economic Assistance Division (EAD), the Centralized Services Division (CSD), and the Audit and Program Compliance Division (APCD) are the three SRS divisions that provide the majority of state level support for the assistance programs.

The Community Services Division also provides administrative support for the Foster Care Program and the Work Incentive (WIN) Program. The following paragraphs provide a description of the responsibilities of these four divisions. Program responsibilities provided through contractual agreements with other agencies and vendors have been addressed in general terms at the conclusion of this section.

Centralized Services Division

Each of the bureaus within the Centralized Services Division is critically involved in the operation of the assistance programs.

Data Processing (DP) Bureau. As was mentioned in the preceding description of the county operations, the AFDC, IRA and Medicaid programs are supported by an automated data processing system. Operational responsibility for this system, the Montana Income Maintenance System (MIMS), lies with the staff of the Data Processing Bureau. The processing schedule for MIMS is controlled by operations personnel within the DP Bureau. MIMS processing occurs on a daily basis, with monthly runs made to generate the actual assistance benefits. Monthly, quarterly and annual processing cycles also generate program reports. The MIMS system itself will not be defined in detail.

Descriptions of both manual and automated procedures follow. Although several of the manual procedures that have been referenced are the responsibility of the Management Operations Bureau of EAD, they have been identified in this section to provide a complete description of the informational exchange process. MIMS input, output and interfaces have been described.

County input on assistance cases is in the form of the turnaround documents (TAD's) which were referred to in the county overview as EA-1's, EA-2's, and EA-3's. They are sent directly to the Management Operations Bureau where each TAD is date stamped and visually edited by Control Technicians, who circle the obvious errors on each form. Any forms with errors are returned to the county of responsibility, accompanied by a quality control form identifying the reason for the return. Forms without obvious errors are batched, twenty to a batch, in preparation for submission to the DP Bureau for data entry. Each batch is

assigned an alphabetic batch number. Counts of the individual forms that are included in each batch are shown. When three or more batches have been prepared, they are delivered to the DP Bureau.

The average daily volume of TAD's is approximately 500-800. These forms can usually be visually edited on the day of receipt, but all forms will not necessarily be processed by data entry that same day. The forms are processed in the sequence in which they are submitted.

All TAD's are keyed and verified on diskettes. The forms that have been keyed and verified are placed in file folders identified by the batch number. Following the data entry operation, the file folders are returned to the Control Technicians. The folders are then filed sequentially in batch number order to be referenced when county personnel call the State office to inquire about missing TAD's.

The data entry supervisor advises operations personnel when the daily diskettes are ready for processing. A maximum of 3000 input transactions is allowable for each day's processing. The daily automated processing cycle begins after 5 p.m. and the rework of input TAD's follows on the subsequent work day. MIMS editing generates a daily error list, averaging about 25 pages in length. Based on this error list, Control Technicians prepare quality control reports in duplicate. These are attached to the original and to a copy of the input TAD. The quality control reports identify the reason for the rejection of the TAD. One copy is kept by the Control Technicians as a locator document and one copy is sent back to the county of origin. The error reports are also filed by the Control Technicians for reference purposes, and these files are maintained for approximately two months.

The only exceptions to this process are made on TAD's when data entry operators have made errors or when the Control Technicians detect easily correctable errors. When these types of errors are identified, as an entry made on the wrong line of the TAD, the errors are communicated by phone to the appropriate county Eligibility Technician. Corrections are indicated on the input TAD, as is a record of the date and the name of the E.T. of confirmation. These TAD's are then resubmitted to the DP Bureau for data entry.

The automated processing also generates a daily suspense list, by county, that provides a cumulative tally of all outstanding forms in error. When correction documents are processed, the MIMS system purges entries from the suspense list. It is also possible that the original entry had errors in the control fields. This would mean that the suspense entries would not be purged automatically. For these suspense entries, the counties must request a suspense delete for a particular recipient and a particular form. The suspense list does not identify the actual error(s) associated with the TAD, it simply identifies the recipient's social security number and name, and the associated batch and run number. All corrections are made by DP Bureau personnel using the suspense diskette generated by MIMS.

MIMS acceptance of input TAD's results in the generation of updated TAD's. These TAD's are sent back to the county of origin where they are verified with the county copies of the input TAD's.

The MIMS benefit run is made on approximately the twenty-first day of each month. This processing must be completed five working days before the end of the month to facilitate county review prior to the mailing of the assistance benefits.

County review of the benefits information consists primarily of verification of the MIMS-generated Warrant Register. Over and under payment amounts must be communicated to the State's Fiscal Bureau so that adjusted AFDC and IRA benefit checks can be distributed. Communication is also required on benefits to be withheld for cases requiring redetermination and on benefits to be cancelled for cases that have been closed. The State must be informed before the benefit checks and/or Medicaid Identification Cards are mailed directly to the recipients from the State office.

A number of reminder reports are also generated by MIMS during the monthly processing cycle. The majority of the reports are prepared in duplicate, with one copy kept on file in the Management Operations Bureau and the second copy sent to the county offices. The reports sent to the counties are intended to aid in the monitoring of the individual county assistance program activities.

Included in the county report series are TAD's for cases with redeterminations due. MIMS reports that are used administratively within SRS will be addressed later.

In addition to the daily and monthly cycles mentioned, MIMS processing is required to interface with the State Data Exchange System (SDX), the LEADS System, the Buy-In System, the BENDEX System, the Enumeration System and the Medicaid Management Information System (MMIS).

SDX tapes are generated by the Social Security Administration (SSA). The SDX tapes are compared to the MIMS files weekly to identify SSI eligibles who may not have been identified on MIMS. MIMS generates EA-1F form letters for these potential participants.

The LEADS System processing occurs annually. This system enables MIMS identification of SSI recipients whose SSI eligibility had terminated due to the cost-of-living increases provided by their Title II Social Security benefits, but whose Medicaid eligibility must be maintained. The system depends on a "special" SDX file received from SSA each June that identifies these recipients. The processing generates a report, by county, that identifies SSI cases that may require continuing Medicaid eligibility. E.T.'s are responsible for determining and recording any such changes in eligibility.

The next several paragraphs describe the Buy-In System processing. Each month, the DP Bureau receives, from the SSA Office in Baltimore, a file identifying all Medicaid recipients for whom the Medicare Part B insurance premiums are being requested. This information is verified by comparing it with the information maintained on MIMS. This processing depends on Medicare claim number assignment, and generates a report and microfiche identifying file matches and file discrepancies. Cards to update SSA and MIMS information are also generated for each file discrepancy. Recipients with matching Medicare claim numbers on both the SSA and MIMS files will require no further processing and will have their Medicare insurance premiums paid as they will be continued on the Buy-In. File discrepancies and the processes required to modify the SSA records and/or MIMS information are described in the following paragraphs.

Medicaid/Medicare recipients identified by the MIMS file that were not found on the SSA file are reported as accretions. The Management Operations Bureau's Buy-In Clerk must verify for each accretion the Medicare claim number, name and date of birth according to the Beneficiary State Tape (BEST) microfiche. Any of this information that does not match the BEST information must be corrected both on the accrete card for the recipient and on MIMS. Corrections for MIMS are recorded on EA-1 or EA-3 forms or on "on-line cards"[3] which are submitted for MIMS processing. SSA processing of the accrete cards results in Buy-in inclusion. (BEST microfiche are updated by the SSA every six months.)

Medicare recipients eligible for Medicaid, that were identified by the SSA file but not found on the MIMS file, are reported as deletions. The Buy-In Clerk must reference MIMS information to determine if these recipients are on the MIMS file without their assigned Medicare claim numbers, if the MIMS cases have been closed, or if there is no MIMS record to match the SSA file. For recipients that can be found on the MIMS file with open case records but without Medicare claim numbers assigned, the Medicare claim numbers indicated on the SSA file must be recorded on EA-1 or EA-3 forms and these forms must be submitted for MIMS processing. For recipients that can be found on the MIMS file, but who do not show participation with the Medicaid Program (as SSI cases), the Medicare claim numbers indicated on the SSA file must be recorded on "on-line cards" which are then submitted to update MIMS. When MIMS records are updated to include Medicare claim numbers, the corresponding delete cards must be destroyed. If there are not MIMS records to match the SSA Medicare recipient records or if the MIMS cases have been closed, the corresponding delete cards would be submitted for SSA processing and these recipients would be removed from the Buy-in.

The counties are notified of all changes made to the MIMS information. They are also notified of changes in dates of accretion to and/or deletion from the Buy-in. Buy-in processing occurs between the twelfth and the nineteenth of each month.

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[3] "On-line cards" is an SRS term used to describe update transactions that are processed by MIMS without the application of the standard system edit criteria. The term should not be confused with on-line inquiry MIMS transactions processed by the Customer Information Control System (CICS).

SSA bills SRS for the Medicare insurance premiums due on the month's Medicaid/ Medicare participants. (This billing statement would include any retroactive premiums due for SSI participants who had become automatically eligible for Medicaid, but who had not notified the E.T. of their Medicare claim number and who, therefore, had not been included on the Buy-In.) The total insurance premium paid by the Fiscal Bureau is based on the share of the insurance premiums due for assistance and for non-assistance individuals. Premium adjustments required as a result of the MIMS/Buy-In reconciliation process are reflected on the next month's billing.

The BENDEX System provides eligibility criteria verification data and information on mass changes in Social Security benefits. Each July, MIMS produces a master file for the BENDEX System. Each month, MIMS produces updates for the master file. These updates contain information on individuals whose AFDC and/or Medicaid cases have been opened or closed during each month. The files identify all AFDC and/or Medicaid recipients by Social Security Number. The files are sent to the Social Security Administration and, for each individual identified, SSA provides Social Security benefit information. This information is referred to as the BENDEX information and is used for verifying information obtained from the applicants. BENDEX microfiche are generated for the State and the counties. The BENDEX System information is not current enough at this time to be of use. There are procedures defined for the counties for the update of the information but the majority of counties are not now using the procedures.

Enumeration System processing also occurs on a monthly basis. An Enumeration Tape from SSA identifies all AFDC and/or Medicaid recipients with verified Social Security Numbers and the corresponding assigned Social Security Numbers (or T-Numbers) as submitted to SSA by the counties by way of the Application For Social Security Number Form (SS-5). This tape is compared with the MIMS information, and file matches and discrepancies are identified. "On-line cards" (reference Footnote 3) and a listing are generated for matching recipient information on the SSA and the MIMS according to the assigned Social Security Numbers. The "on-line cards" are prepared by Control Technicians in the Management Operation Bureau to replace the assigned Social Security Numbers (or T-Numbers) recorded on MIMS with the verified Social Security Numbers. An error list is also generated

for unmatched Social Security Numbers. The error list is used by the Management Operations Bureau to isolate as many errors as possible. The counties are notified of verified Social Security Numbers.

The Medicaid Management Information System (MMIS) also relies on MIMS information. Twice monthly, MIMS processing produces an eligibility file for MMIS which identifies Medicaid eligibles and the period of eligibility for each. Retroactive periods of individual Medicaid eligibility are also identified.

The MIMS processing capabilities include several on-line inquiry transactions. These transactions are used primarily by the Program Integrity Bureau and the Economic Assistance Division personnel to obtain the current status of MIMS information on Medicaid, IRA and AFDC recipients.

Fiscal Bureau. Several sections within the Fiscal Bureau perform MIMS-related tasks. The following paragraphs provide descriptions of these tasks by section.

The Cash Distributing Section is responsible for maintaining the accuracy of the Warrant Register and the associated AFDC and IRA benefit checks based on telephone conversations with the counties during the last week of every month. The section must generate adjustment benefit checks and/or cancel MIMS generated benefit checks if necessary. The section also handles the State's contingency revolving account on which first AFDC and IRA checks in the counties are drawn, communicates with the State Treasurer on direct bank notices for the contingency revolving account and on warrant cancellations and stale-dated warrants, and processes Statewide Budgeting and Accounting System (SBAS) entries relative to grants and benefits, and operational and administrative assistance program costs. Additionally, section personnel record accounts receivable collections information in SBAS and in the Accounts Receivable System, operating on the SRS System 32[4]. Section personnel receive input from SRS state and county personnel, program participants, and the Child Support Enforcement Bureau of the Department of Revenue (Revenue).

[4] The System 32 is an IBM Word Processor computer located in the Word Processing Center and used occassionally by the Statistics and Research Bureau. It has limited processing capabilities and is used for several small data processing jobs.

On the sixth working day prior to the end of the month, the MIMS-generated Warrant Register and supporting AFDC and IRA benefit warrants, the List of Unemployed Parents, and the Indochinese Reports are made available to section personnel. The Warrant Register provides, by county, a list of all AFDC and IRA benefit recipients and corresponding monthly grant amounts and a recap of the grant amounts state-wide. The monthly grant amounts will be equal to the actual benefit warrant amounts, unless an adjustment must be made for retroactive AFDC or IRA benefits and/or for day care that would increase the benefit amount, or unless a repayment was due that would decrease the benefit amount. County personnel are responsible for determining the need for any adjustments. Adjustments would, need to be communicated to the Fiscal Bureau only if changes had not been communicated to MIMS prior to that time. In these cases, the AFDC or IRA benefit warrants would be pulled for cancellation and first checks (emergency checks) drawn on the contingency revolving account would be issued as replacements. Benefit adjustments would be recorded on the Warrant Register, and the recap amounts adjusted accordingly.

The adjustment procedure continues until the second to the last working day of the month as the counties reconcile their copies of the Warrant Register. Also at this time, section personnel are notified of cases closed for which AFDC and IRA warrants must be pulled and cancelled. Again, notation on the Warrant Register would indicate this action.

Based on the adjusted Warrant Register and the Unemployment Parent and Indochinese Reports, SBAS entries are prepared. A Transfer-Warrant Claim is generated to reflect the appropriate breakdown for each of the nine responsibility centers established for the AFDC regular and ward recipients, the Indochinese/AFDC and IRA recipients, and the Unemployed Parent regular and ward recipients.

The Warrant Register also identifies AFDC and IRA recipients with redeterminations due. The AFDC and IRA benefit warrants are held by the section personnel until the counties notify the section that these reviews have been completed. Benefits are also held in the section for any recipient whose benefits were undeliverable the prior month and for whom an address change has not yet been filed. AFDC and IRA benefit warrants unable to be released by the end of any given month are

cancelled by the section personnel. When AFDC or IRA benefits are held or cancelled, the Medicaid Identification Cards for these assistance units are also either held or destroyed.

Warrant Cancellation Notices are prepared for input to SBAS for the cancelled AFDC and IRA warrants. These notices reflect from $50-60,000 monthly.

Another responsibility of this section is to reconcile the contingency revolving account that has been established for issuance of Medical travel checks and the first AFDC and IRA checks in the counties and for the AFDC and IRA adjustment check issuance by the State office. Section personnel call the State Treasurer to request that dollars be deposited in the account to cover these checks. The State Treasurer prepares a Notice of Direct Bank Deposit to record the transfer of money to the appropriate clearing account in SBAS. Subsequently, Journal Vouchers are prepared to record the first check activities in SBAS for the appropriate responsibility centers.

The reconciliation process is supported by an on-line system called the Contingency Revolving Account Checking System which is independent of MIMS processing. The system has both weekly and monthly processing cycles, and generates reports used by this section of the Fiscal Bureau for balancing first check activity. It also provides registers of these activities for each county and the State office. This system also interfaces with the AFDC Warrant Inquiry System by providing update transactions for all checks issued during the month.

County billing invoices are prepared to bill each county for its proportionate share of the revolving account activity and are included on the regular monthly county billing. First check activity totals approximately $300,000 each month, with about 400-800 checks issued monthly.

Accounts Receivables are also handled by this section of the Fiscal Bureau. When fraud occurs on an AFDC or IRA case that has been closed, section personnel provide Revenue with photocopies of AFDC or IRA benefit information. These copies are provided to enable Revenue to obtain copies of actual AFDC or IRA warrants from the State Auditor's Office. These copies are required as evidence for cases under investigation.

Revenue provides the Fiscal Bureau with a monthly statement of all AFDC-related child support payments and fraud recoveries collected. The statement is accompanied by a No-Warrant Transfer to record the transfer of these collected monies from Revenue to SRS.

The Fiscal Bureau maintains separate receivables accounts for non-fraud cases. These accounts are established whenever Food Stamp, AFDC, or IRA overissuance has occurred, when medical travel or medical repayments are due, or when Foster Care or Day Care overpayments have been made. At this time, accounts receivable detail is maintained in the Accounts Receivable System operating on the SRS System 32.

Individual case accounts are established based on legal letters or repayment agreements, and communicated to SBAS on an Accounts Receivable Billing Summary. Accounts are established in the Accounts Receivable System by way of the Accounts Receivable Numbering Log.

As individual recipient repayment checks are received by SRS, Collection Reports are completed by the Fiscal Bureau to record the receipt of this cash in SBAS. These individual checks are also posted on the Accounts Receivable Numbering Log for the Accounts Receivable System.

The General Ledger Section of the Fiscal Bureau completes the assistance program reporting forms required by the Department of Health & Human Services. The bureau relies on MIMS and SBAS reports on program participation and expenditures to comply with federal reporting requirements.

General Services Bureau. The assistance program related responsibilities of this bureau are performed by the Mail Room. AFDC and IRA benefit warrants and Medicaid Identification Cards are taken from the Fiscal Bureau to the Mail Room for direct mailing to the program recipients. MIMS reports for the counties are taken from the computer room to the Mail Room for distribution to the County Welfare Offices. Administrative reports are distributed to the various SRS Divisions.

Statistics and Research Bureau. There are a number of reports generated each month by the Statistics and Research Bureau. They are required for federal reports and management information. This bureau is responsible for selecting the AFDC, IRA, Medicaid and Food Stamp cases to be examined by the quality control reviewers in the Audit and Program Compliance Division. Ad hoc reporting requirements for assistance program information are an important function of this bureau.

The bureau accesses MIMS information, Contingency Revolving Account System information, the Food Stamp ATP Registers and the Medicaid Management Information System (MMIS) data to generate these reports. Some reports are computer generated using either the System 32 or the Computer Services Division facilities and some are manually prepared.

Word Processing Unit. The Accounts Receivable System which was described as a support system for the Fiscal Bureau is maintained by the Word Processing Unit on the System 32. The system also produces dunning letters for recipients with repayments due. These letters are taken to the Mail Room for mailing directly to the recipients.

Economic Assistance Division

Of the six bureaus within the Economic Assistance Division, only four are directly involved with the MIMS operations. These four are the Eligibility Policy Bureau, the Field Services Bureau, the Management Operations Bureau and the Medicaid Services Bureau; and descriptions of their MIMS-related activities follow. Additionally, brief descriptions of the other two bureaus have been provided. These are the Food Distribution Bureau and the Medicaid Financing Bureau.

The administrative tasks that are performed within these bureaus have not specifically been addressed in this section of the report. This omission is not intended, however, to negate their significance.

Eligibility Policy Bureau. This bureau is responsible for developing eligibility policies and procedures which are in accordance with State law and/or federal

regulations and, which are administratively feasible given the operating needs and limitations at the local level. Programs for which eligibility policies and procedures must be developed are AFDC, IRA, Medicaid, Food Stamps, Low Income Energy Assistance, Weatherization, State Renal Medical Assistance and County Subsistence/Medical Assistance (General Assistance).

Eligibility policy and procedure development establish the limits for accepting applicants into the programs, the benefit levels that program participants may receive, and the step-by-step process that must be adhered to by the local agencies to adequately determine eligibility and to furnish timely assistance. Policies and procedures are published as administrative rules, in procedure manuals, and by contracts for service.

Bureau personnel communicate with the personnel in several other bureaus to obtain the information and/or assistance needed to develop eligibility policies and procedures. These are the Field Services Bureau for research on local operations; the Management Operations Bureau for technical, recipient and financial data about the programs; and the Quality Control Section of the Audit and Program Compliance Division for quality control case review findings and analyses of error conditions.

Bureau personnel have been working with the Child Support Enforcement Bureau of the Investigation Division of the Department of Revenue in an attempt to expedite the transfer of information between the two departments on AFDC-related child support assignments and collections.

Field Services Bureau. This bureau is responsible for assuring effective implementation of the assistance programs at the local level. Bureau (supervisory) personnel work with the local agencies to bring State and local efforts together in behalf of recipients by defining local agencies capacity to deliver services, by negotiating and monitoring contracts, by evaluating policy effectiveness, and by functioning as a liaison with county commissioners and between EAD and the local agencies.

The bureau is also responsible for managing the State grant-in-aid program and for the issuance, outreach and management evaluation functions of the Food Stamp Program.

The next several paragraphs address the specific Food Stamp Program responsibilities of this bureau.

Bureau (Food Stamp) personnel manually perform the majority of the recording and reporting tasks for the Food Stamp Program. Staff members communicate with the Food Stamp Clerks in the County Welfare Offices and with the Issuing Agents in the State's sixty-seven issuance offices.

They are responsible for supplying the County Welfare Offices with ATP cards. ATP cards are assigned at each county's request. This assignment procedure consists of entering the ATP card serial numbers and the requesting county's number on a log and then mailing the cards to the county. The cards are not transferable between counties and any ATP card losses must be reported by the food stamp clerks to the State office.

Bureau (Food Stamp) personnel also must approve restoration of lost benefits identified by quality control findings or fair hearings. In these instances the county that prevented Food Stamp Program participation must advise the bureau of the county-caused error and the benefits to be provided retroactively. Once the retroactive benefits have been approved, the ATP card issued for that household for the subsequent month would reflect the retroactive issuance.

Additional responsibilities of bureau personnel are to monitor Food Stamp coupon usage, to maintain a bulk supply of the coupons, and to distribute the coupons to the county Issuing Agents. There is a United States Department of Agriculture (USDA) formula provided to aid the states in determining the number of coupons that will be required for a six-month period. Six weeks must be allowed for coupon shipment.

Bureau personnel are also responsible for providing approval and/or closure of Issuance Agents. The bureau receives written statements from the County

Commissioners on the terms of each Issuing Agent's contract. Following contract review and approval, bureau personnel request a new project code for the issuance point from the Regional Food Stamp Office in Denver. When any issuance point closes or when an Issuing Agent's contract expires, bureau personnel are also responsible for balancing the closing coupon inventory, transferring the inventory, and deleting the project code that had been assigned for that issuance point. The contracts signed by the Issuing Agents and County Commissioners identify the specific issuance points, hours for issuance, and issuance costs.

The cost of issuing coupons varies by Issuing Agent. These costs are monitored by bureau personnel, as the State is reimbursed by the federal government for a portion of the issuance flow-through monies. One-half of the issuance expense is paid for by the counties, except on reservations where the county is responsible for one-quarter of the issuance expense. Food Stamp reimbursements to Issuing Agents are made based on claims submitted by the Issuing Agents. These claims are approved by bureau personnel, submitted to the Fiscal Bureau and then paid directly by the Fiscal Bureau.

Each issuance agency submits a monthly usage report to this bureau showing the beginning and ending coupon series numbers used and the number of stamps issued for each household. This report is filed by the tenth of the month. By the twentieth of the month, these usage reports are sourced to prepare a composite usage report to be submitted to USDA. The State-generated report is accompanied by the copies of county usage reports.

Monthly reports are maintained on coupon shipments. An Advise of Transfer form is completed for each shipment and the shipment is taken to Wells Fargo. The coupons are sent to the requesting Issuance Agents either by registered mail or by armored car. Each order is accompanied by copies of the Advise of Transfer form. Copies of this form are retained by the county to be submitted with the monthly county usage reports.

Bureau (Food Stamp) personnel must also report to USDA any coupons that have been or are to be destroyed. Any coupons returned to Issuing Agents must be destroyed along with misprinted coupons. Prior approval is required from USDA

for destruction of coupons valued over $250. As many as $700 worth of coupons from multiple sources have had to be destroyed during a given month.

Mail Issuance Reports must be completed for USDA on a quarterly basis. These reports denote the rate loss, with associated dollars and percentages. The Postal Department and the Regional Mail Inspector are notified when mail issuance problem patterns can be identified in an attempt to insure that the losses do not exceed USDA limitations, and thereby prohibit mail issuance.

Counties are billed for Issuance Agent errors, and the counties are obligated to cover the cost of these errors. Food Stamp Program reviews are conducted simultaneously with the Food Stamp Program audits performed by the Audit and Program Compliance Division. These reviews are required at each issuance point every two years.

Ethnic reporting is completed twice annually for the USDA. These reports must correspond to the total participation levels indicated on the monthly usage reports and are used to determine possible racial discrimination in coupon issuance.

Annually, this bureau must report cumulative totals of Food Stamp participants and coupons disbursed to USDA. This report must also agree with the monthly statements of issuance.

The reports provided to USDA are vitally important as the Secretary of USDA must provide Congress with program justification on a monthly basis in order to obtain funding for the next month.

Food Distribution Bureau. This bureau is responsible for the distribution of food commodities to eligible residents of Indian reservations, charitable institutions, and residential child care institutions and, to summer food service programs, including summer camp programs. The bureau must do this in accordance with State law and federal regulations.

Distribution responsibilities include ordering food commodities from the United States Department of Agriculture, maintaining a central warehouse in Helena, transporting the food commodities to reservations and other outlets, and maintaining inventory control.

The bureau also manages contracts with each recipient agency or tribal council for warehousing and distribution of food commodities and for the certification of eligible applicants. Contract management involves annual contract negotiations, budget and expenditure evaluations, and site review of federally-mandated applicant certification procedures, warehouse and inventory management, and distribution control.

Management Operations Bureau. This bureau is responsible for controlling the clarity and the technical and fiscal soundness of all division-generated administrative rules, contracts for service, and federal/state plans; for developing the division's biennial state budget proposal, annual budget, and operating plans; for monitoring program expenditures; for conducting research to define optional courses of action using recipient and financial data, State and federal laws and regulations, and program studies completed by others. The bureau is also responsible for defining EAD data processing system requirements, both manual and automated.

Bureau personnel perform the edit and error correction processing, the manual buy-in processing, and the manual enumeration procedures as described previously (under the DP Bureau of the Centralized Services Division).

Medicaid Financing Bureau. This Bureau is responsible for managing the cost-based reimbursement for medical services provided to recipients of Medicaid. Cost-based medical services are limited to nursing home, hospital and home-health agency services. The bureau defines through administrative rules the range of and limits on these services in accordance with State law and federal regulations. The bureau consults with providers, organizations that represent those providers, recipient representatives, and other interested parties.

The bureau also defines reimbursement rates through administrative rules. These rates are based on definitions of reasonable and necessary costs for services and on annual cost reports received from participating medical providers. The bureau maintains coordination of annual audits of provider cost reports with federal, state and private auditors.

Medicaid Services Bureau. This bureau is responsible for managing fee-based reimbursement for medical services to recipients of Medicaid. Fee-based medical services include services of dentists, physicians, druggists and other remedial practitioners. The bureau defines through administrative rules the range of and limits on these services in accordance with State law and federal regulations. Bureau personnel consult with providers, organizations that represent providers, recipient representatives and other interested parties.

Reimbursement rates are also defined by administrative rules. Rates are limited to those paid by Medicare but may be less depending on budget limits.

The bureau also manages a contract with a fiscal agent, the Dikewood Corporation, which provides for the processing of all Medicaid financial claims for payment. Dikewood is responsible for the operation and maintenance of the Medicaid Management Information Systems (MMIS), which records and reports on all Montana Medicaid recipients and their associated benefits, and provides calculations for payments due to Medicaid providers. The bureau relies almost entirely on the MMIS information which is available on-line as well as in hardcopy reports.

A special project within the bureau is supported by MIMS reporting. MIMS processing generates monthly reports to assist with the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. The EPSDT Program is designed to provide for the detection and treatment of health problems of children and youth (ages 0-21) in Medicaid cases. It also emphasizes outreach, follow-up and referrals for treatment for EPSDT eligible clients. The program requires that EPSDT services be provided for all Medicaid eligibles under 21 years of age and that all AFDC families be informed at least once a year of EPSDT services available. The MIMS reports that are produced identify all Medicaid recipients under 21 years of age. These reports are distributed to EPSDT outreach teams.

Failure to comply with EPSDT regulations results in a federal penalty amounting to one percent of the federal share of the AFDC budget for every quarter of non-compliance.

Additionally, the bureau is supported by the Montana Foundation for Medical Care (the Foundation), a peer review organization. The Foundation assists the bureau by determining whether a service is medically necessary.

Audit and Program Compliance Division

Both bureaus within this division are critically involved in monitoring the operation of the assistance programs. The bureaus provide audits, case reviews, non-fraud investigations, and recoveries for these programs. The bureaus' responsibilities related to the assistance programs are described in general terms in the paragraphs that follow.

Audit Bureau. This bureau is primarily responsible for auditing nursing homes to determine the allowable rates to be paid for nursing home care. These audits are based on reports submitted by the nursing homes and on the MMIS reports showing benefits paid. The allowable rates are determined using the total nursing home costs and the percentage of each home's occupants that are Medicaid recipients. Restitution must be made by nursing homes if overpayment has occurred.

Program Integrity Bureau. This bureau is primarily responsible for the quality control reviews of and for the non-fraud recoveries from the assistance program participants.

The Quality Control Section of this bureau supports the federal requirement of ensuring that the State is making proper and correct expenditures of public assistance funds. The quality control efforts are based on a random sampling of program participants provided by the Statistics and Research Bureau of the Centralized Services Division.

The Recoveries Section of this bureau performs a number of specialized functions. Each of these functions is addressed below as a separate responsibility.

- The estate recovery responsibility consists of identifying former welfare recipients that are now deceased, determining the amount of Medicaid and Old Age Assistance benefits that had been extended to these recipients, and filing a claim against the estate for the recovery of these benefits. Monthly reports prepared by MIMS that identify cases closed for death are used to identify potential estate recovery cases. The on-line inquiry functions of MIMS are also used during this determination process.

- The claims processing review responsibility consists of the review of all Medicaid claims for all recipients in the Medicaid quality control sample for a given month to verify that proper payments were made for medical services and supplies. Also included are reviews of potential third party liability associated with these cases.

- The third party liability review responsibility consists of retrieving and verifying third party liability information regarding welfare recipients from the fiscal intermediary. It consists of interpreting insurance coverages and communicating about these coverages with the counties, the recipients, Dikewood and the Medicare offices. Repayments are sought when Medicaid money rather than appropriate third party money has been expended for a particular recipient.

- The Food Stamp recovery responsibility consists of reviewing the counties' Food Stamp overissuance forms that provide the data on the suspected fraud referrals and determining whether the case is fraud or non-fraud. Fraud cases are referred to the Department of Revenue. Non-fraud cases are handled by the State and county offices. Non-fraud repayment agreements are initiated and lump sum or monthly payments are arranged. Non-fraud repayment histories are maintained in the SRS Accounts Receivable System. Repayment agreements are held open for three years even if the recipient is unable to repay. Monthly

repayment reports, prepared by the Audit and Program Compliance Division, and monies are sent to the USDA by the Fiscal Bureau. Monthly dunning letters are sent to recipients with outstanding repayment agreements.

If an overpayment is made on a Food Stamp repayment agreement, the county of responsibility is contacted. If there is no AFDC or IRA outstanding repayment agreement, a refund is generated and sent to the recipient. If an AFDC or IRA outstanding repayment agreement exists, the overpayment is applied to that agreement.

The AFDC, IRA and Medicaid recovery responsibilities consist of researching suspected fraud referrals and determining whether the case is fraud or non-fraud. Fraud cases are referred to the Department of Revenue. Non-fraud cases are handled by the State and county offices. Non-fraud repayment agreements are initiated and repayments are arranged. Non-fraud repayment histories are maintained in the SRS Accounts Receivable System. In AFDC or IRA cases where benefits are restored and an outstanding repayment amount is due, the restored benefit is reduced by the balance due on the repayment agreement. The Fiscal Bureau generates quarterly reports for the federal offices on these repayments. Monthly dunning letters are sent to recipients with outstanding repayment agreements.

This research is also supported by the AFDC Warrant Inquiry System. On request, the AFDC Warrant Inquiry System provides lists of all AFDC and IRA benefit checks issued for any assistance unit. These lists identify State and county generated warrants and are used by the Recoveries Section, the counties and the Department of Revenue. The AFDC Warrant Inquiry System is maintained by the DP Bureau. It sources information maintained by both MIMS and the Contingency Revolving Account Checking System.

Community Services Division

The Community Services Division's direct involvement to the MIMS operation is limited. The State supervision of county Social Worker Supervisors and Social Workers is the responsibility of this division, as is administrative support for the Foster Care Program and the Work Incentive (WIN) Program.

Field Services Unit. Program managers within Field Services are responsible for developing and maintaining processes for sharing information among agencies and programs. They are also responsible for supervising the Social Worker Supervisors.

Social Workers refer Foster Care cases to E.T.'s for determination of AFDC/Foster Care eligibility which would result in Medicaid eligibility. Child Welfare Services (CWS) cases are also referred by Social Workers to E.T.'s for a determination of Medicaid eligibility.

Management Operations Bureau. Among other responsibilities, this bureau provides administrative support for the Work Incentive Program (WIN). WIN funding is based on the number of WIN participants in the State and on program savings resulting from WIN Program involvement. The WIN participants are identified on the Warrant Register generated by MIMS. The WIN reports are compared monthly to the Warrant Register and WIN savings calculations are made. The counties must verify the current WIN status of these recipients. Reports on WIN Program participation are submitted to the federal offices on a quarterly basis.

This bureau also provides administrative support for the Foster Care Programs, both AFDC-related and CWS.

Director's Office

The Office of Legal Affairs reviews and makes recommendations regarding the Administrative Rules of Montana (ARM), be they new rules or changes to existing rules. This office also reviews the Department's proposed legislation that would affect the Economic Assistance Division programs. Staff members provide research and interpretation of Montana Code Annotated (MCA), and provide legal counsel on matters pertaining to EAD programs and program interpretations.

Another staff function is performed by the Office of Fair Hearings. In addition to other responsibilities, the hearings officer conducts the fair hearings on issues arising out of AFDC, IRA, Medicaid or Food Stamp Program rulings by County Welfare Offices.

STATE - OTHER

The Employment Security Division and the Division of Workers' Compensation provide employment and disability benefits information to SRS on magnetic media. This information is used to verify income of Medicaid and AFDC Program applicants and participants. There is a memorandum of understanding with the Department of Labor and Industry providing for the exchange of this information.

CONTRACTORS - STATE

The Investigation and Enforcement Bureau of the Investigation Division of the Department of Revenue is under contract with SRS to provide investigative services for suspected fraudulent AFDC, Medicaid and/or Food Stamp cases. The Child Support Enforcement Bureau of the Recovery Services Division of the Department of Revenue has the responsibility of handling child support payments for AFDC cases. The Medicaid Fraud Control Bureau of the Legal Division of the Department of Revenue provides investigative services for suspected provider fraud.

CONTRACTORS - OTHER

As was mentioned in the Medicaid Services Bureau summary, the Dikewood Corporation is under contract to provide fiscal intermediary services for the Medicaid Program operation. These services are provided by way of MMIS processing and are accomplished by the six MMIS subsystems identified as the Provider Subsystem, the Recipient Subsystem, References, the Surveillance and Utilization Review System (S/URS), the Management Reporting System (MARS) and Claims Processing. Further detailed descriptions of each of these MMIS capabilities are available in the Data Processing Bureau. Documentation for MMIS processing is available in the Data Processing Bureau.

Under federal regulations, SRS can only pay Medicaid claims if it is assured that the services and supplies, for which payment is claimed, are appropriate, medically necessary and of high quality. The process of evaluating claims according to these criteria includes authorization, prior authorization, peer review and utilization review services. The Medicaid Services Bureau has entered into a contractual agreement with the Montana Foundation for Medical Care which provides these services.

PROPOSED SYSTEM OVERVIEW

The purpose of this section of the report is to provide an overview of the proposed Montana Income Maintenance System. The overview summarizes the processing capabilities that each major function of the proposed system should provide.

INTRODUCTION

As has been thoroughly described in the Phase II - Revisions Chapter of this report, the functional requirements for this project have been modified significantly since the end of Phase II. It is in terms of the current functional definitions that the proposed system capabilities have been reviewed. These functions are: Fiscal Intermediary Information, Eligibility Determination Support and Management Information.

FISCAL INTERMEDIARY INFORMATION

The proposed system should provide the capability to advise the fiscal intermediary of Medicaid Program eligibility, and subsequent ineligibility, per recipient. It should provide information on current and retroactive dates of eligibility; on third party liability, including Medicare availability; and on nursing home income allotments, if the recipient were residing in a nursing home facility. The system should recognize and maintain summary information on the Medicaid benefits received by recipients, as provided on a monthly basis by the fiscal intermediary.

ELIGIBILITY DETERMINATION SUPPORT

The system should provide the capability to capture, maintain and report on case and client information about eligible and ineligible assistance program (AFDC, IRA, Food Stamp and Medicaid Program) applicants. The system should utilize assistance program eligibility determination criteria to aid the Eligibility Technicians in the eligibility verification and determination process. The system should utilize assistance program eligibility control criteria to generate proof of eligibility and/or actual assistance program benefits for the assistance program recipients. The system should generate warrants to reimburse the counties for AFDC/IRA benefit advances and for Medicaid medical travel advances. The system should recognize and selectively report on information, maintained by other SRS systems, about foster care trust accounts, foster care payments and repayment account agreements. It should also recognize and selectively report on the earned and unearned income information that is maintained by the Workers'

Compensation, Unemployment Compensation and Employment Security Divisions. It should recognize, maintain, exchange and report on Enumeration, SDX, LEADS, BENDEX and Buy-in information as required by the federal government.

The system should provide the capability for notifying assistance program applicants of program eligibility, ineligibility and requirements. The system should provide the capability to record and report on State and county benefit issuances, adjustments and cancellations. The system should provide the capability to apply mass changes to the assistance program caseload when changes were required in benefit levels.

The system should provide the capability to maintain historical information about assistance program activities and benefits. It should provide the capability for purging and archiving system information.

Limited information should also be captured and maintained on the Emergency Assistance, General Assistance and County Medical Program benefits received by assistance program applicants.

MANAGEMENT INFORMATION

The system should provide the capability to produce information, for on-line inquiry, in hard-copy format, and/or on magnetic media for microfiche generation, to satisfy the majority of county, State and federal reporting requirements. These reports should be provided for various program activities and for various time spans, e.g. food stamp inventory reporting, caseload activity reporting, etc.

The system should provide the capability to allow for restrictions on data accessibility. It should provide the capability to capture and maintain eligibility control criteria. It should provide the capability to identify erroneous information and to prevent this information from being accepted by the system. It should provide the capabilities to recover or restore information lost due to system failure.

The system should provide the capability to determine the quality control samples required based on parameters supplied by the Statistics and Research Bureau. The system should also provide the capability to report on these samplings. The system should provide the capability to produce expenditure information for the Statewide Budgeting and Accounting System. These expenditure transactions would need to reflect AFDC and IRA Program benefit and reimbursement issuances and Medicaid medical travel advance reimbursement issuances. The system should provide the capability to produce warrant source information for the Auditor's Warrant System to enable the cashing of the MIMS warrants. It should provide the capability to accumulate the information required to produce monthly reconciliation reports on MIMS-related financial activities.

The system should provide the capability to generate reports to identify assistance program participants who were also WIN participants and/or who had been advised of the availability of the EPSDT Program. It should provide the capability to generate reports on deaths of Medicaid recipients in support of the estate recovery responsibilities. It should also provide the capability to generate reports identifying absent parents associated with AFDC cases.

OUTPUT REQUIREMENTS

The purpose of this section of the report is to identify the output informational requirements of the proposed system. The requirements are described in terms of purpose and content. The section organizes the output requirements in terms of the three major functions of the proposed system: Fiscal Intermediary Information, Eligibility Determination Support, and Management Information. The requirements defined to support the Eligibility Determination Support function and the Management Information function have been further organized in terms of the sub-functions that have been identified for these functions.

* Client Information would be provided for each child associated with each absent parent.

The sequence of the report should be Client's Current Social Security Number within Absent Parent's Social Security Number or Assigned Number within Case Identifier within Case Name within Position Number within County of Responsibility within Revenue Region. It should be noted that multiple Absent Parents may need to be reported per case.

The report would be used primarily by the Child Support Enforcement Bureau of the Department of Revenue. It would also be distributed to the Fiscal Bureau.

- County of Responsibility
- Position Name
- Case Name
- Payee Name
- Case Identifier
- Case Address
- Case Telephone Number
- Case Program Open Date
- Case Program Closure Date
- Reason for Closure
- AFDC Grant Amount
- Special Needs (IV-A) Day Care Amount
- For Each Absent Parent Associated With the Case:
  - Absent Parent's Social Security Number or Assigned Number
  - Absent Parent's Previously Assigned Number
  - Absent Parent's Name
  - Absent Parent's Address
  - Absent Parent's Telephone Number
  - Absent Parent's Business Address
  - Absent Parent's Business Telephone Number
  - Good Cause Status
  - Duty of Support Indicator
  - Amount Due Under Court Order Monthly
  - Amount Due in Arrearage
  - Absent Parent's Child Support Amount
  - Client Information:*
    - .. Client's Current Social Security Number
    - .. Client's Previous Social Security Number
    - .. Client's Name
    - .. Client's Date of Birth
    - .. Client's Child Support Amount
    - .. Client's IV-A Day Care Amount
    - .. Client's Deprivation Reason

- Absent Parent's Address
- Absent Parent's Telephone Number
- Absent Parent's Business Address
- Absent Parent's Business Telephone Number
- Good Cause Status
- Duty of Support Indicator
- Amount Due Under Court Order Monthly
- Amount Due In Arrearage
- Absent Parent's Child Support Amount
- Client Information:*
  - .. Client's Current Social Security Number
  - .. Client's Previous Social Security Number
  - .. Client's Name
  - .. Client's Date of Birth
  - .. Client's Child Support Amount
  - .. Client's IV-A Day Care Amount
  - .. Client's Deprivation Reason

* Client Information would be provided for each child associated with each absent parent.

The sequence of this report should be Client's Current Social Security Number within Absent Parent's Social Security Number or Assigned Number within Case Identifier within Case Name within Position Number within County of Responsibility within Revenue Region. It should be noted that multiple Absent Parents may need to be reported per case.

Absent Parent Report - Daily. The purpose of this report is to provide a daily reference listing of AFDC case openings. It would be generated to provide reference to the absent parent information maintained by the system.

The informational requirements consist of:

- Report Date
- Revenue Region

- Date of Death
- Date of Original Eligibility Determination (Medicaid)

This report should be prepared in sequence by Client's Verified or Temporary Social Security Number within Case Identifier within Case Name within Position Number within County of Application. The report should be distributed to the Recoveries Section of the Program Integrity Bureau.

Absent Parent Report - Monthly

The purpose of this report is to provide a monthly list of absent parent AFDC cases with changes or closure reported. The report would be used primarily by Revenue's Child Support Enforcement Bureau. It would also be distributed to the Fiscal Bureau.

The informational requirements consist of:

- Reporting Period
- Revenue Region
- County of Responsibility
- Position Name
- Case Name
- Payee Name
- Case Identifier
- Case Address
- Case Telephone Number
- Case Program Open Date
- Case Program Closure Date
- Reason for Closure
- AFDC Grant Amount
- Special Needs (IV-A) Day Care Amount
- For Each Absent Parent Associated with the Case:
  - Absent Parent's Social Security Number or Assigned Number
  - Absent Parent's Previously Assigned Number
  - Absent Parent's Name

- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Date of Birth
- Date of Death
- Date of Original Eligibility Determination (Medicaid)
- Nursing Home Name
- Provider Number
- Position Number

This report should be prepared in sequence by Client's Verified or Temporary Social Security Number within Client Name within County of Responsibility. The report should be distributed only to the Recoveries Section of the Program Integrity Bureau.

Medicaid Case Closed - Death. The purpose of this report is to provide a monthly roster identifying all Medicaid recipients over 65 years of age, whose death was reported during the month. The report would be used by the Estate Recovery Officer.

The informational requirements consist of:

- Reporting Period
- County of Responsibility
- Position Number
- Case Name
- Case Identifier
- Medicaid Relationship Type
- Client Program Closure Date
- Client Categories of Assistance
- Client Name
- Client's Social Security Number
- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Date of Birth

Food Stamp Adverse Action Codes and Citations Status Report. The purpose of this report is to provide the Economic Assistance Division with the status of the Food Stamp Program adverse action codes and citations, as maintained for system control and reporting purposes. The report should be generated whenever this information is changed.

The informational requirements consist of:

- Report Date
- For Each Adverse Action Code:
  - Adverse Action Code
  - Adverse Action Code Description
  - CFR Citation
  - Transaction Date
  - Transaction Status

Recovery - Related Information

Nursing Home Deaths (Closures). The purpose of this report is to provide a monthly roster identifying all monthly case closures for Medicaid recipients terminating residence at a nursing home facility. This report should facilitate contacting the nursing homes for the purpose of retrieving information on the deceased recipient's Personal Needs Accounts and researching potential estate recoveries. It would be used by the Estate Recovery Officer.

The informational requirements consist of:

- Reporting Period
- Client Name
- Client Social Security Number
- County of Responsibility
- Medicaid Relationship Type
- Client Program Closure Date (Medicaid)
- Client Categories of Assistance

Table of Coupon Book Issuance Status Report. The purpose of this report is to provide the Economic Assistance Division with the status of information on the number of books of each coupon denomination that would need to be provided per each allotment value, as maintained by the system for issuance control purposes. The report should be generated only when this information is changed.

The information requirements consist of:

- Report Date
- Per Each Food Coupon Allotment:
  - Value of Allotment
  - Per Each Denomination of Coupon Book:
    - Denomination of Book
    - Number of Books
  - Transaction Date
  - Transaction Status

AFDC/Medicaid Adverse Action Codes and Citation Status Report. The purpose of this report is to provide the Economic Assistance Division with the status of the AFDC, IRA and Medicaid Programs adverse action codes and citations, as maintained for system control and reporting purposes. The report should be generated whenever this information is changed.

The informational requirements consist of:

- Report Date
- For Each Adverse Action Code:
  - Adverse Action Code
  - Adverse Action Code Description
  - ARM Citation
  - CFR Citation
  - Transaction Date
  - Transaction Status

- 80% of Standard, With Shelter Obligation
- 80% of Standard, Without Shelter Obligation

Medically Needy Income Level Status Report. The purpose of this report is to provide the Economic Assistance Division with the status of the controlling standards for the Medically Needy, as maintained by the system. The report should be generated annually when the standards are changed.

The informational requirements consist of:

. Report Date
. Standard Effective Date
. Per Assistance Unit Size:
  - Number of Children (To include zero)
  - Assistance Standard - One Adult
  - Medically Needy Income Level - One Adult
  - Assistance Standard - Two Adults
  - Medically Needy Income Level - Two Adults
  - Assistance Standard - Children Only
  - Medically Needy Income Level - Children Only

Basis of Coupon Issuance Status Report. The purpose of this report is to provide the Economic Assistance Division with the status of the allowable food stamp coupon allotments per household size, as maintained for system eligibility and control purposes. The report should be generated annually when the allotments are changed.

The informational requirements consist of:

. Report Date
. Per Each Household Size:
  - Household Size
  - Per Each Monthly Net Income Range:
    .. Monthly Net Income Range
    .. Food Coupon Allotment

the AFDC and IRA Programs, as maintained for system eligibility and control purposes. The report should be generated annually when the standards information is changed.

The informational requirements consist of:

- Report Date
- Standard Effective Date
- Per Each Size of Assistance Unit, When One or Two Adults are Included:
  - Number of Adults in Assistance Unit
  - Assistance Amount Per Month, With Shelter Obligations
  - Assistance Amount Per Day, With Shelter Obligations
  - Assistance Amount Per Month, Without Shelter Obligations
  - Assistance Amount Per Day, Without Shelter Obligations
- Per Each Size of Assistance Unit, When No Adults are Included:
  - Number of Children in Assistance Unit
  - Grant Amount Per Month
  - Grant Amount Per Day

AFDC Supplemental Payment Table Status Report. The purpose of this report is to provide the Economic Assistance Division with the status of the standard used for computing supplemental payments for the AFDC and IRA Program participants, as maintained for system eligibility and control purposes. The report should be generated annually when the standards information is changed.

The informational requirements consist of:

- Report Date
- Standard Effective Date
- Per Each Size of Assistance Unit, When Children are Included:
  - Number of Persons In Assistance Unit
  - 80% of Standard, With Shelter Obligation
  - 80% of Standard, Without Shelter Obligation
- Per Two Adult, No Children Cases:

System On-Line Activity Statistics. The purpose of this report is to provide the State office with information regarding transaction activities within the network. The report would identify the transactions accepted by the system on any given processing day.

The informational requirements consist of:

- Report Period
- Work Location
- Terminal Identification
- Transaction Identification
- Transaction(s)
- Operator Identification

Total activity counts should be accumulated by Transaction Identification within Terminal Identification within Work Location. The report should be distributed to the Data Processing Bureau.

Nursing Home Name and Address Status Report. The purpose of this report is to provide the Economic Assistance Division with the system status of the Nursing Home name and address information. This information would be maintained for system control purposes and should be reported on only at the time of change.

The informational requirements consist of:

- Report Date
- Transaction Date
- Nursing Home Provider Number
- Nursing Home Name
- Nursing Home Address

The report should be generated in sequence by Nursing Home Provider Number.

AFDC Table of Standards Status Report. The purpose of this report is to provide the Economic Assistance Division with the status of the assistance standards for

The informational requirements consist of:

- Report Period
- County of Application
- Operator Identification
- Operator Name
- Operator Job Title
- Work Location
- Authorization Level(s)
- County of Responsibility

The report should be generated, as changes occur, in sequence by Operator Identification Numbers within County of Application. This sequence should facilitate report distribution to the county Welfare Offices. It would also be used by the SRS Data Processing Bureau.

Authorization/Password - Display. The purpose of this display screen is to provide those individuals (so authorized) with system control information. It would identify authorization levels and passwords of terminal users.

The informational requirements consist of:

- Operator Identification (Position Number)
- Password
- Authorization Level(s)
- Date of Last Update
- Updated By (Operator Identification)
- Operator Job Title
- County of Application
- County of Responsibility
- Work Location

The screen should display current system status.

. Report Date

For Each County Director:

. Name of County Director
. Position Number of County Director
. Date of Transaction
. Transaction Status
. For Each County of Responsibility Administered by the County Director:
  - County Code Number
  - Revenue Region Number
  - County Name
  - County Address
  - Date of Transaction
  - Transaction Status
  - For Each County of Application Within the County of Responsibility:
    .. County of Application Code
    .. County of Application - Office Name
    .. County of Application - Office Address
    .. County of Application - Office Telephone Number
    .. County Issuance Office Name
    .. County Issuance Office Address
    .. Date of Transaction
    .. Transaction Status
      -- For Each Authorized Position:
        ... Position Number
        ... Name of Person Filling the Position
        ... Additional County (of Application) Offices Served
        ... Date of Transaction
        ... Transaction Status

The report should be generated in sequence by Position Number within County of Application Code within County Code Number per each County Director.

Authorized Terminal Users. The purpose of this report is to provide a reference list of all authorized terminal users. The list would indicate the type of authorization of each user, i.e. inquiry only, file maintenance, administrative or any combination thereof.

- Sequence Number of Transaction
- Position Number

The sequence of the report should be Sequence Number of Transaction within Date/Time of Transaction within Client's Verified or Temporary Social Security Number within Case Identifier within Case Name within County of Application. It should be prepared on microfiche for distribution to the county offices and to the Economic Assistance Division.

Accounts Receivable Transaction Summary - Monthly. The purpose of this report is to provide the Program Integrity Bureau and the Fiscal Bureau with an audit trail of all repayment reduction and reduction reversal transactions.

The informational requirements consist of:

- Report Date
- County of Origin
- Repayment Account Identifier
- Type of Account
- Date of Repayment Account Activity
- Amount of Grant Reduction, or
- Amount of Grant Reduction Reversal

The report should be prepared monthly in sequence by Date of Repayment Account Activity within Repayment Account Identifier within County of Origin. Total Grant Reduction Amounts and Total Grant Reduction Reversal Amounts per each County of Origin and state-wide should also be provided.

County Control Correlation Status Report. The purpose of this report is to provide the Economic Assistance Division and the county offices with the system status of the county control correlation information. The report should be generated only when the control correlation information is changed.

The informational requirements consist of:

- County of Application
- Case Name
- Case Identifier
- Case Data Elements Changed (Before and After)
- Client's Verified or Temporary Social Security Number
- Client's Data Elements Changed (Before and After)
- Terminal Identification
- Operator Identification
- Date/Time of Transaction
- Sequence Number of Transaction
- Position Number

The sequence of the report should be Sequence Number of Transaction within Client's Verified or Temporary Social Security Number within Case Identifier within Case Name within County of Application. It should be distributed in hardcopy format to the county offices.

Cummulative Update Transaction Report - Fiche. The purpose of this report is to provide the state and county Welfare Office personnel with a cummulative audit report on all transactions which modified MIMS Case and/or Client information. It would be generated on an annual basis and updated each month thereafter.

The informational requirements consist of:

- Report Date
- Update Date
- County of Application
- Case Name
- Case Identifier
- Case Data Elements Changed (Before and After)
- Client's Verified or Temporary Social Security Number
- Client's Data Elements Changed (Before and After)
- Terminal Identification
- Operator Identification
- Date/Time of Transaction

- Responsible Adult or Protective Payee
- Residence or Protective Payee Address

. For County Reimbursements:
- County Name
- County Address

. Warrant Issuance Amount
. Transfer Warrant Claim Number
. Warrant Series Number

The report should be generated for each daily issuance of MIMS warrants. It should be in sequence by Warrant Sequence Number and distributed to the Fiscal Bureau and the State Auditor's Office. The report should also provide the total number of warrants written and the total warrant issuance amount. A magnetic copy of the report information would also need to be provided to the State Auditor's Office.

System Control Information

Help Screens. The purpose of these screens is to provide instructional assistance for MIMS terminal users. The screens displayed should guide the terminal operators through the steps necessary to gain access to the system.

The text provided on the screens should relate to each of the on-line system functions and should lead the operators to instructions necessary to perform either entry or inquiry processing. These screens should provide references to user manuals designed to supply the details on each processing function.

Daily Update Transaction Listing. The purpose of this report is to provide state and county Welfare Office personnel with a daily audit trail of all update transactions which modified MIMS Case and/or Client information.

The informational requirements consist of:

. Report Date
. Update Date

. Total Amount of Recovery Reduction Reversals
. Total Amount of Warrant Cancellations
. For County Medicaid Medical Travel Expenditures:
- Per Each Responsibility Center
.. Responsibility Center Number
-- Per Each Object of Expenditure Code:
... Object of Expenditure Code
... County Medicaid Medical Travel Advance Amount
. For AFDC/IRA Expenditures:
- Per Each Responsibility Center
.. Responsibility Center Number
-- Per Each Object of Expenditure Code:
... Object of Expenditure Code
... Total Amounts of Warrants Issued:
--- By MIMS, To Recipients
--- By County, To Recipients
... Total Amount of Vendor Payments
... Total Recovery Amount, Paid by Benefit Reduction
... Total Amount of Recovery Reduction Reversals
... Total Warrant Cancellation Amount

The report should be generated during the month following the month in which the benefits applied. It should be generated in sequence by County of Responsibility. The report should be distributed to the Eligibility Policy Bureau, the Field Services Bureau, the Management Operations Bureau, and the Fiscal Bureau.

MIMS Warrant Source Report. The purpose of this report is to provide information to substantiate all AFDC and IRA warrants and AFDC, IRA and Medicaid medical travel reimbursement warrants issued by MIMS during any (batch) processing cycle. The report would provide an audit trail of warrant information.

The informational requirements consist of:

. Warrant Issuance Date
. Warrant Sequence Number
. For AFDC and IRA Warrants:

- Object of Expenditure
- Warrant Cancellation Date

The report should be generated on a monthly basis and in sequence by Case Name within County of Responsibility. It should be distributed to the Eligibility Policy Bureau, to the Field Services Bureau, and to the Fiscal Bureau (for further distribution to the counties). Total Warrant Issuance Amounts, Total Day Care Amounts (IV-A) and Total Reduction Amount Applied Due to Repayment should be accumulated per AFDC Payment Code within Case Program Type within County of Responsibility. These totals should also be accumulated per Object of Expenditure within Responsibility Center, by county and state-wide. It should be noted that cancellation of county advance checks and county reimbursement warrants have not been provided for, as these are not anticipated to be required.

Monthly Recap of MIMS Benefit and Reimbursement Issuances. The purpose of this report is to provide a monthly summary of all AFDC, IRA and Medicaid medical travel payments made to recipients (and/or vendors in AFDC and IRA cases) and all AFDC and IRA benefit-related repayment activity. The summary would be prepared showing total MIMS-related dollar amounts that should be reflected in the Statewide Budgeting and Account System, the Auditor's Warrant System, the county advance accounts and the Accounts Receivables System, per county and state-wide.

The informational requirements consist of:

- Report Period
- County of Responsibility
- Total Amounts of MIMS Warrants Issued:
  - As Recipient Benefits
  - As County Reimbursement
- Total Amount of AFDC/IRA County Advances
- Total Amount of Medicaid Medical Travel Advances
- Total Amount of Vendor Payments Issued
- Total Recovery Amount, Paid By Benefit Reduction

The informational requirements consist of:

- County of Responsibility
- Warrant Issuance Date
- County Reimbursement Amount
- Warrant Series Number
- Warrant Sequence Number
- Transfer Warrant Claim Document Number

The report should be distributed to the Eligibility Policy Bureau and to the counties.

Warrant Cancellation Listing - Monthly. The purpose of this report is to provide a summary listing of all MIMS-generated warrants that had been cancelled during any month. It would be referenced for the manual preparation of Warrant Cancellation Notices for input into the Statewide Budgeting and Accounting System and for informing the Auditor's Office of these cancellations.

The informational requirements consist of:

- Report Date
- County of Responsibility
- Case Name
- Responsible Adult or Protective Payee
- Case Identifier
- Transfer Warrant Claim Document Number
- Warrant Series Number
- Warrant Sequence Number
- Warrant Issuance Amount
- Day Care Amount (IV-A)
- Reduction Applied Due to Repayment Agreement
- Warrant Issuance Date
- Case Program Type
- AFDC Payment Code
- Responsibility Center Number

- Case Categories of Assistance
- Case Program Type
- AFDC Payment Code
- Case Program Benefit Period
- AFDC Payee Status In Grant
- Number in Assistance Unit:
  - Number of Adults
  - Number of Children
- Special Needs Day Care Amount (IV-A)
- Grant Amount
- Number of Days In Partial Month
- Partial Month Grant Amount
- Retroactive Benefit Amount
- Retroactive Benefit Period
- Retroactive Speical Needs Day Care Amount (IV-A)
- Supplemental Benefit Amount
- Adjusted Benefit Amount
- Replacement Benefit Amount
- Recovery Amount
- Repayment Account Identifier
- Vendor Payment(s) Amount
- County Advance Amount
- County Advance Check Serial Number
- Warrant Amount (Balance of Benefits Due Recipient)
- Warrant Series Number
- Warrant Sequence Number
- Transfer Warrant Claim Document Number
- Medicaid Medical Travel Advance Amount
- Travel Advance Check Serial Number

A net total monthly benefit amount should be provided per case, for AFDC or IRA benefits.

The second section of the report for each county should be generated in sequence by Warrant Issuance Date.

* It should be noted, that although there is not a specific Case Categories of Assistance Code nor a specific Case Program Type associated with Protective Payee payments, these must also be totaled by AFDC Payment Codes, regular and ward.

The above totals should also be provided state-wide.

The report should be distributed to the Fiscal Bureau and to the counties.

Monthly Warrant Register Recap. The purpose of this report is to provide a monthly recap of all AFDC and IRA benefits and all Medicaid medical travel advances provided to the assistance program recipients. It should also provide a recap of all county reimbursement warrant issuances.

The report should be generated according to a benefit month, rather than according to a calendar month. This means that the register would recap a cycle that begins with the bulk issuance of AFDC and IRA warrants, which is anticipated to be made on approximately the twenty-eighth calendar day of each month.

The report should be generated in two sections, per county. The first section should provide the information on recipient benefit issuances. The second section should provide the reimbursement issuance information.

The first section of the report for each county should be generated in sequence by Warrant (or County Advance) Issuance Date within Case Identifier within Case Name within County of Responsibility.

The informational requirements for this section consist of:

- County of Responsibility
- Case Name
- Responsible Adult or Protective Payee
- Responsible Adult or Protective Payee Address
- Case Identifier
- Warrant (or County Advance) Issuance Date

- Total Replacement AFDC Amount (County issuance)
- Total IRA Grant Amount
- Total IRA Partial Grant Amount
- Total Retroactive IRA Amount
- Total Supplemental IRA Amount
- Total Adjustment IRA Amount
- Total Replacement IRA Amount (County issuance)
- Total Recovery Amount
- Total Vendor Payment(s) Amount (County issuance, not reflected in County Advance Amount)
- Total Warrant Issued Amount
- Number of County Advances
- Total County Advance Amount
- Number of Travel Advances
- Total County Medicaid Medical Travel Advance Amount
- Responsibility Center Number (associated with medical travel expenditures)
- Object of Expenditure Code (associated with medical travel expenditures)
- Total AFDC/IRA Expenditure Recap: (Per each Case Categories of Assistance/ Case Program Type/AFDC Program Code for each county. Only recipient benefit issuances would be accumulated.)*
  - Case Categories of Assistance
  - Case Program Type
  - AFDC Payment Code
  - Responsibility Center Number
  - Object of Expenditure
  - County Totals:
    - .. Total Warrant Issued Amount
    - .. Total Recovery Amount
    - .. Total County Advance Amount
    - .. Total Vendor Payment Amount
- Total County Reimbursement Amount
- Warrant Series Number
- Warrant Sequence Number
- Transfer Warrant Claim Document Number

- Replacement Benefit Amount
- Recovery Amount
- Repayment Account Identifier
- Vendor Payment(s) Amount
- County Advance Amount
- County Advance Check Serial Number
- Warrant Amount (Balance of Benefits Due Recipient)
- Warrant Series Number
- Warrant Sequence Number
- Transfer Warrant Claim Document Number
- Responsibility Center Number
- Object of Expenditure Code
- Medicaid Medical Travel Advance Amount
- Travel Advance Check Serial Number
- Responsibility Center Number (associated with medical travel expenditures)
- Object of Expenditure Code (associated with medical travel expenditures)

The above section of each county's report should be generated in sequence by Case Name.

The second section of each county's report should consist of a summary recap of MIMS daily benefit issuances and of county issuances of replacement benefits and vendor payments as well as the identification of the day's county reimbursement issuance.

The informational requirements for this portion of the report consist of:

- Number of State Warrants Issued
- Total Special Needs Day Care Amount (IV-A)
- Total AFDC Regular Grant Amount
- Total AFDC Partial Month Amount
- Total Retroactive Special Needs Day Care Amount (IV-A)
- Total Retroactive AFDC Amount
- Total Supplemental AFDC Amount
- Total Adjustment AFDC Amount

The report should reflect AFDC and IRA warrants issued to provide for regular, retroactive, supplemental, adjustment and/or replacement benefits. Medicaid medical travel advance amounts and vendor payment amounts should also be reflected. The report should provide corresponding case information for these issuances.

The report should be generated in two sections, per each county. The first should reflect recipient benefit issuances in detail. The second should reflect benefit summary and county reimbursement information.

The informational requirements pertaining to recipient benefit issuances consist of:

- Report Date
- County of Responsibility
- Case Name
- Responsible Adult or Protective Payee
- Residence Address or Protective Payee Address
- Case Categories of Assistance
- Case Program Type
- AFDC Payment Code
- Case Identifier
- Case Program Benefit Period
- AFDC Payee Status In Grant
- Number in Assistance Unit:
  - Number of Adults
  - Number of Children
- Special Needs Day Care Amount (IV-A)
- Grant Amount
- Number of Days in Partial Month
- Partial Month Grant Amount
- Retroactive Benefit Amount
- Retroactive Benefit Period
- Retroactive Special Needs Day Care Amount (IV-A)
- Supplemental Benefit Amount
- Adjustment Benefit Amount

The report should be prepared once each year, during the month of May and covering April activities. It should be prepared in sequence by County of Application. It should be distributed to the Field Services Bureau, to the Management Operations Bureau, and to the counties. It would be referenced to report to the Food and Nutritional Service Regional Office and the Washington USDA Office.

Indochinese Receiving Medical Payments. The purpose of this report is to provide summary information on the monthly medical payments made on behalf of Indochinese-AFDC, IRA, and/or Indochinese-AFDC or IRA Medical Assistance Only Program recipients. It would satisfy state and federal reporting requirements.

The informational requirements consist of:

- Report Period
- Case Program Type
- AFDC Payment Code
- Medicaid Relationship Type
- Number of Recipients
- Number of Cases
- Medical Benefit Amount

The report should provide state-wide totals of Medical Benefit Amounts per either the AFDC Payment Code or the Medicaid Relationship Type within each Case Program Type. Total number of recipients and cases should also be accumulated.

The report should be prepared on approximately the tenth day of the month, on receipt of the Claims Paid Tape, that will be provided by the fiscal intermediary. The report would be distributed to the Fiscal Bureau. It should be noted that this report would be based on the date the claim is paid rather than on the date of service.

Financial Information

MIMS Daily Warrant Register. The purpose of this report is to provide a daily register of MIMS AFDC and IRA payments made, of county advances made, and of MIMS county reimbursement warrants issued.

For the cities that have been identified, the informational requirements consist of:

- Report Date
- Zip Code
- Name of City
- Food Stamp Expenditure Amount*

* This amount would be calculated based on the number and denomination of food stamp coupon books issued.

The report would be generated in sequence by County of Application for the county information and by Zip Code for the city information. It would need to be prepared and submitted to the regional office, early in September each year.

Annual Report of Racial and Ethnic Participation in the Food Stamp Program (FNS 101). The purpose of this report is to provide tallies of the numbers of Food Stamp Program households by County of Application and by Race. The report would provide an indication of racial discrimination problems should they occur. A state-wide recap would also be provided to satisfy Federal reporting requirements.

The informational requirements consist of:

- Report Period
- For Each County of Application:
  - County of Application
  - Name of County Office
  - For Each Race:
    - Race Code
    - Number of Households
- State-Wide
  - For Each Race:
    - Race Code
    - Number of Households

Food Stamp Mail Issuance Report - Quarterly (FNS 259). The purpose of this report is to provide information on the mail issuance of food stamp coupons by county and state-wide. The report would be referenced to complete the Federal form FNS 259 (OMB No. 40-R3582).

The informational requirements consist of:

- Report Date (Quarter)
- County of Application
- Number of Mail Issuances
- Number of Replacement Issuances Due to Mail Loss
- Value of Coupons Issued By Mail
- Value of Coupons Lost in Mail
- Number of Households With Two or More Consecutive Losses

The report should be generated quarterly, in sequence by County of Application. Totals should be accumulated state-wide. The report should be distributed to the Field Services Bureau.

Annual Federal Food Stamp Outlay Report - (FNS-360). The purpose of this report is to provide Food Stamp Program expenditure information per County of Application. The report is required annually on a federal fiscal year basis, October 1 through September 30. It would satisfy federal reporting requirements.

The report should also provide expenditure information for cities, with populations over 25,000 as identified by the federal agency as required for this reporting procedure, prior to the beginning of the federal period each year.

The informational requirements consist of:

- Report Date
- County of Application
- Name of County
- Food Stamp Expenditure Amount*

. Reflecting both State and county level activities:

- Total Coupons Transferred In (Received By the County Offices for expedited services and inital stamp allotments; i.e., county level only)
  - .. County of Application
  - .. Per Type of Coupons
    - -- Denomination of Coupons
    - -- Number of Coupon Books
- Total Coupons Transferred Out (To the County offices for expedited services and initial stamp allotments; i.e., State level only)
  - .. County of Application
  - .. Per Type of Coupon:
    - -- Denomination of Coupons
    - -- Number of Coupon Books

The following state-wide totals should also be provided:

- Total Actual Issuance (Mail Issuance i.e., State level only)
  - .. Total value of Actual Issuance
  - .. Per Type of Coupon:
    - -- Denomination of Coupon Books
    - -- Number of Coupon Books
    - -- Value of Coupons
- Total Value of Mail Issuance Replacements
- Net Value of Issuance (Total Actual Issuance Less Total Value of Mail Issuance Replacements)
- Total Value of Authorized Issuance (Regular, supplemental, retroactive, expedited and replacement issuances)
- Total Value of Issuance Difference (Net Value of Issuance Less the Total Value of Authorized Issuance)

The report should be generated following the last day of coupon issuance each month. It would be sent to the Field Services Bureau. It would be referenced to complete the Food Coupon Accountability Report, FNS-250.

- Coupons Returned to Inventory: (Coupons returned by county offices and/or the mail service as undeliverable)
  .. Per Type of Coupon:
     -- Denomination of Coupons
     -- Number of Coupon Books
- Total Coupons Transferred In: (Used only for overages in transfers)
  .. Per Type of Coupon:
     -- Denomination of Coupons
     -- Number of Coupon Books
- Total Coupons Transferred Out: (Reflects Transfers of coupons from State to counties)
  .. Per Type of Coupon:
     -- Denomination of Coupons
     -- Number of Coupon Books
- Total Number of Coupons Credited:*
  .. Per Type of Coupon:
     -- Denomination of Coupons
     -- Number of Coupon Books
- Total Available Coupons:
  .. Per Type of Coupon:
     -- Denomination of Coupons
     -- Number of Coupon Books
- Ending Inventory:
  .. Per Type of Coupon:
     -- Denomination of Coupons
     -- Number of Coupon Books
- Inventory Difference (reflecting mail issuance)
  .. Per Type of Coupon:
     -- Denomination of Coupons
     -- Number of Coupon Books

* These counts would reflect shortages in coupon shipments, mutilated/improperly manufactured coupons discovered prior to issuance (or transferred out) and all new series coupons used in exchange for coupons returned subsequent to issuance (transferred in). (FNS-43, FNS-135).

.. Participants in Public Assistance Cases
-- Number of Households
-- Number Recipients
.. Participants in Non-Assistance Cases
-- Number of Households
-- Number of Recipients
- Total Number of Indian Households:
.. Number of Non-Assistance Households (i.e., non-AFDC)
.. Number of Assistance Households (i.e., AFDC)
- Total Number of Reservation Households:
.. Number of Non-Assistance Housholds (i.e., non-AFDC)
.. Number of Assistance Households (i.e., AFDC)
- Value of Coupons

The report should be prepared on a monthly basis in sequence by County of Responsibility. It should be distributed to the Field Services Bureau, the counties and USDA.

Food Stamp Coupon Accountability Report - (FNS-250 and FNS-136). The purpose of this report is to provide a monthly coupon book inventory summary at the state and county levels and an activity summary statement of coupon book transfers both in and out of the counties.

The informational requirements consist of:

. Report Date
. At the State level:
- Beginning Inventory:
.. Per Type of Coupon:
-- Denomination of Coupons
-- Number of Coupon Books
- Coupons Received:
.. Per Type of Coupon:
-- Denomination of Coupons
-- Number of Coupon Books

Statewide totals should also be provided.

The report should be generated following the coupon issuance on the fifteenth of each month. It should be in sequence by County of Application and it should be distributed to the Field Services Bureau and the Management Operations Bureau.

Monthly Report of Food Stamp Program Participation and Coupon Issuance (FNS 256). The purpose of this report is to provide monthly counts of Food Stamp Program participants by county, showing complete coupon issuance. The report would provide counts of Indian households and reservation households. A state-wide recap would also be provided to satisfy Federal reporting requirements.

The informational requirements consist of:

- Report Period
- For Each County of Responsibility:
  - County of Responsibility
  - Name of County Office
  - Number of FS Program Participants:
    - Participants in Public Assistance Cases
      - Number of Households
      - Number of Recipients
    - Participants in Non-Assistance Cases
      - Number of Households
      - Number of Recipients
  - Number of Indian Households:
    - Number of Non-Assistance Households (i.e., non-AFDC)
    - Number of Assistance Households (i.e., AFDC)
  - Number of Reservation Households:
    - Number of Non-Assistance Households (i.e., non-AFDC)
    - Number of Assistance Households (i.e., AFDC)
  - Value of Coupons
- State-Wide
  - Total Number of FS Program Participants:

benefits. It should reflect participation in the AFDC and General Assistance Programs.

The informational requirements consist of:

- Report Period
- County of Responsibility
- Per Case Program Type:
  - Case Program Type
  - Number of Cases Receiving Benefits
  - Number of Adults Receiving Benefits
  - Number of Children Receiving Benefits
  - Total Benefit Amounts

The report would be generated in February only, in sequence by Case Program Type within County of Responsibility. It would be distributed to the Statistics and Research Bureau and provide information for the annual federal Statistical Report On Numbers of Recipients and Amounts of Money and/or Non-Medical Vendor Payments Under AFDC and GA, by County (SRS-NCSS 3078.3).

Food Stamp Usage Projections - Monthly. The purpose of this report is to provide information on actual coupon issuance from the first to the fifteenth day of each month. The information would be used as a basis for projecting coupon requirements for the next month. This report and the Monthly Report of Food Stamp Program Participation and Coupon Issuance - (FNS-256) should provide all the information needed to satisfy the federal reporting requirement on projected coupon needs.

The informational requirements consist of:

- Report Period
- County of Application
- Number of Households
- Number of Recipients
- Value of Coupons

The report should be generated on a monthly basis and distributed to the Statistics and Research Bureau. It should be generated prior to the fifteenth of the month.

Monthly Statistical Report - Emergency Assistance Participants and Payments. The purpose of this report is to provide monthly information on the Emergency Assistance Program participant activities, state-wide. Counts of cases, recipients (showing both adult and children tallies), and dollar benefits received by these cases would be provided. The information provided would address the Federal reporting requirements per the Statistical Report On Numbers of Recipients And Amounts of Payments For Emergency Assistance Under Title IV-A (OMB No. 83-R1056).

The informational requirements consist of:

- Report Period
- For Emergency Assistance Recipients:
  - Total Number of Cases
  - Total Number of Recipients - Children
  - Total Number of Recipients - Adults
  - Total Emergency Assistance Benefit Amount
  - Total Emergency Assistance Maintenance Amount
  - Total Emergency Assistance Medical Amount
  - For Emergency Assistance Cases Also Receiving AFDC Program Benefits:
    - Emergency Assistance Benefit Amount
    - Emergency Assistance Maintenance Amount
    - Emergency Assistance Medical Amount

The report should be generated on a monthly basis and distributed to the Statistics and Research Bureau. It should be generated prior to the fifteenth of the month.

Assistance Program Benefits By County - For February. The purpose of this report is to provide a monthly recap by county of February assistance program

The report should be generated once annually based on October information. It should be generated in sequence by Client's Name within Case Name within Case Identifier within County of Responsibility. It should be distributed to the Office of the Superintendent of Public Instruction.

Monthly Statistical Report - Assistance Participants and Payments. The purpose of this report is to provide monthly information on selected program activities, state-wide. Counts of cases, recipients (showing both adult and children tallies), and dollars would be provided. The information provided would address the Federal reporting requirements per the Monthly "Flash" Report of Selected Program Data (OMB No. 72-R1056) and the Statistical Report On Numbers of Recipients And Amounts of Money And/Or Non-Medical Payments Under Public Assistance Programs (OMB No. 84-R1056).

The informational requirements consist of:

- Report Period
- For AFDC Recipients by Case Categories of Assistance (in Total, Total Unemployed Parent, Total Foster Care):
  - Number of Cases
  - Number of Dollars Reflected in Actual Grants (not applicable to Foster Care)
  - Number of Recipients
  - Number of Adults
  - Number of Children
  - Amount of Anticipated Child Support Collections
- For General Assistance Recipients:
  - Total Number of Cases
  - Total General Assistance Amount
  - Number of Family Cases
  - Total General Assistance Amount, Family Cases
  - Number of One-Person Cases
  - Total General Assistance Amount, One-Person Cases
  - Total Number of Recipients
  - Number of Recipients in Family Cases
  - Number of Recipients in One-Person Cases

5-17, Needed To Implement The Elementary and Secondary Education Act, (OMB No. 72-R1054).

The informational requirements consist of:

- Report Date
- Client Categories of Assistance
- Client's Name
- Client's Temporary or Verified Social Security Number
- Date of Birth
- Age
- Sex
- Mailing Address

The report should be generated once annually based on October information. It should be distributed to the Statistics and Research Bureau. It should be in sequence by Client's Name within Client Categories of Assistance.

AFDC Recipients, Aged 5-17, Needed To Implement The Elementary and Secondary Education Act. The purpose of this annual report is to identify AFDC recipients, aged 5-17, as of October of each year. The report would be referenced to implement the Elementary and Secondary Education Act.

The informational requirements consist of:

- Report Date
- County of Responsibility
- Case Identifier
- Case Name
- Residence Address
- Elementary School District
- High School District
- Client's Name
- Client's Date of Birth

- Number of Recipients Approved Of
- Number of Recipients Discontinued During the Quarter
- Number of Cases Discontinued During the Quarter Per Reason of Discontinuance

The report should be prepared on a quarterly basis in January, April, July and October. It should be distributed to the Statistics and Research Bureau.

Annual Statistical Report On Children, Aged 5-17. The purpose of this report is to provide counts by County of recipients, aged 5-17, of Title IV-A Foster Care. It would also provide counts by County of Children, aged 5-17, in familes with AFDC grant amounts exceeding the poverty threshold for a family of four for the month of October. The report would be referenced to complete the federal Form SSA-4125, Annual Statistical Report On Children In Foster Homes Aged 5-17 and AFDC Recipients Aged 5-17, Needed To Implement The Elementary And Secondary Education Act, (OMB No. 72-R1054).

The informational requirements consist of:

. Report Date
. County of Application
. Name of County
. Number of AFDC-FC Recipients, Aged 5-17
. Number of Children, Aged 5-17, in AFDC Families Receiving Grants In Excess of Amount Specified. (The payment level used is based on the poverty threshold of a non-farm family of four.)

The report should be generated once annually based on October information. It should be distributed to the Statistics and Research Bureau and to the Office of the Superintendent of Public Instruction.

MIMS-Annual Report on Foster Care Recipients. The purpose of this report is to identify MIMS foster care-related recipients as of October each year. The report would be referenced to complete the federal Form SSA-4125, Annual Statistical Report On Children in Foster Homes Aged 5-17 and AFDC Recipients Aged

The information provided should satisfy Federal reporting requirements per Applications and Discontinuances for Aid to Families with Dependent Children (AFDC) and Medicaid (OMB No. 72-R1052, SSA 3800).

The informational requirements consist of:

- Report Period (Quarterly)
- For Case Categories of Assistance (if applicable)
  - Number of Cases Pended Previous Quarter
  - Number of Cases Applying Current Quarter
  - Numbers of Cases Approved Of:
    - For AFDC, Number Approved in 45 Days or Less and Number Approved After More Than 45 Days.
    - For Medicaid, Number Approved in 30 Days or Less and Number Approved After More Than 30 Days.
  - Numbers of Cases Denied:
    - For AFDC, Number Denied in 45 Days or Less and Number Denied After More Than 45 Days.
    - For AFDC Denials, Number of Cases per Reason for Denial.
    - For Medicaid, Number Denied in 30 Days or Less and Number Denied After More Than 30 Days.
  - Number of Cases Otherwise Disposed Of:
    - For AFDC, Number Disposed Of in 45 Days or Less and Number Disposed Of After More Than 45 Days.
    - For AFDC Cases Disposed Of, Number of Cases per Reason for Dispositions.
    - For Medicaid, Number Disposed Of in 30 Days or Less and Number Disposed Of After More Than 30 Days.
  - Numbers of Cases Pending At End of Quarter:
    - For AFDC, Number Pended in 45 Days or Less and Number Pended After More Than 45 Days.
    - For Medicaid, Number Pended in 30 Days or Less and Number Pended After More Than 30 Days.
- For AFDC Program Participants:

The report should be generated on a monthly basis and in sequence by County of Responsibility. It should be distributed to the Statistics and Research Bureau.

Number of Households Receiving Food Stamps and Value of Food Stamps. The purpose of this report is to provide statistics on monthly Food Stamp Program activities within each county.

The informational requirements consist of:

- Report Date
- County of Responsibility
- Name of County
  - Number of Cases
  - Number of Recipients
  - Number of Public Assistance Households:
    - Number of AFDC Households
    - Number of IRA Households
  - Number of Non-Assistance Households
    - Number of Food Stamp Only Households
    - Number of SSI Households
    - Number of MAO and MN Households
  - Value of Food Stamps
  - Average Value of Food Stamps Per Case
  - Average Value of Food Stamps Per Recipient

The report should be generated on a monthly basis and in sequence by County of Responsibility. It should be distributed to the Field Services Bureau and to the Statistics and Research Bureau.

Quarterly Statistical Reports - Applications and Discontinuances. The purpose of this report is to provide quarterly information on selected program activities, state-wide. Counts of cases and recipients by Category of Assistance, showing counts per Case Status and counts per Reason for Denial or Discontinuance, would be provided as would lengths of time required per case for selected application activities. This report would address AFDC and Medicaid Program activities.

- Report Date
- County of Responsibility
- Name of County
- Case Program Type
  - Number of Cases
  - Number of Recipients
  - Amount of Program Benefits
  - Average Benefit Amount Per Case

The report should be generated on a monthly basis and in sequence by Case Program Type within County of Responsibility. It should be distributed to the Statistics and Research Bureau and to the Fiscal Bureau.

Analysis of General Assistance - By County. The purpose of this report is to provide statistics on monthly General Assistance Program activities within each county.

The informational requirements consist of:

- Report Date
- County of Responsibility
- Name of County
- For All General Assistance Cases:
  - Number of Cases
  - Amount of Expenditure
  - Average Expenditure Amount Per Case
- For One Person Cases:
  - Number of Cases
  - Amount of Expenditure
- For Family Cases:
  - Number of Cases
  - Number of Recipients
  - Amount of Expenditure

.. Total Number of Closures

* Medicaid Program case closures should not be tallied by Case Program Type. They should instead be reflected as the total number of all Medicaid-related Case Program Types, i.e. Medical, MAO, MN, SSI and Foster Care.

The report should be generated on a monthly basis and distributed to the Statistics and Research Bureau. It should be in sequence by Reason for Closure within Case Program Type.

Total Monthly Expenditures For Public Assistance - By County. The purpose of this report is to provide statistics on the program dollars expended each month from each county for AFDC, IRA, Food Stamp, Emergency Assistance, General Assistance and the County Medical Program.

The informational requirements consist of:

- Report Date
- County of Responsibility
- Name of County
- Case Program Type
  - Amount of Expenditure
- Total Expenditure

The report should be generated on a monthly basis and distributed to the Statistics and Research Bureau and to the Fiscal Bureau. It should be in sequence by Case Program Type within County of Responsibility.

AFDC and IRA Program Statistics - By County. The purpose of this report is to provide statistics on monthly AFDC and IRA Program expenditures made from each county.

The informational requirements consist of:

The informational requirements consist of:

- Report Date
- Per Case Program Type:
  - Case Program Type
  - Applications:
    - Number Pending From Previous Month
    - Number Received During Month
    - Number Approved For Assistance
    - Denials:
      - For Each Reason for Denial Code:
        - Reason for Denial Code
        - Number of Denials
    - Number Pending at End of Month

* Medicaid Program applications should not be tallied by Case Program Type. They should instead be reflected as the total number of all Medicaid-related Case Program Types, i.e. Medical, MAO, MN, SSI and Foster Care.

The report should be in sequence by Reason for Denial Code within Case Program Type. It should be generated on a monthly basis and distributed to the Statistics and Research Bureau.

Number of Public Assistance Cases Closed and Reasons For Closure. The purpose of this report is to provide statistics on the number of monthly case closures of AFDC, IRA, Food Stamps and Medicaid Cases.*

The informational requirements consist of:

- Report Date
- Per Case Program Type:
  - Case Program Type
    - Per Reason for Closure
      - Reason for Closure Code
      - Number of Closures

reflect AFDC, IRA, Food Stamp, Emergency Assistance, General Assistance, and County Medical Program expenditures.

The informational requirements consist of:

- Report Date
- For Each of the Case Categories of Assistance (Required Only for AFDC-Related Case Categories of Assistance)
  - Case Categories of Assistance
  - Monthly Expenditure Amount
    - Total Benefit Amount
    - Title IV-A Day Care Amount
  - Number of Recipients
    - Number of Cases
    - Number of Children
    - Number of Adults
  - Average Payments To Recipients
    - Per Case
    - Per Recipient
- For Each Case Program Type (Required for all Case Program Types Except AFDC)
  - Case Program Type
  - Number of Cases
  - Monthly Expenditure Amount
  - Number of Recipients
  - Average Payment Per Recipient

The report should be generated on a monthly basis and distributed to the Statistics and Research Bureau. It should be generated in two parts. The first part sequenced by Case Categories of Assistance. The second part sequenced by Case Program Type.

Applications For Public Assistance. The purpose of this report is to provide statistics on the number of applications received monthly for AFDC, IRA, Food Stamps, and Medicaid.*

- Case Categories of Assistance
- Medicaid Relationship Type

. For Negative Sampling:

- Case Program Eligibility Period (Medically Needy Only)*
- Case Program Open Date*
- Date of Original Eligibility Determination*
- Case Program Closure Date
- Reason for Denial or Closure
- Case Categories of Assistance
- Medicaid Relationship Type

* For denials, these items may not be applicable.

The report should be generated on a monthly basis using a random selection method, but it would include information on cases specifically requested to be reported. It should be generated in sequence by Client Social Security Number within Case Identifier within County of Responsibility within Sample Type.

Totals should be accumulated and printed as follows:

. Per Each of the Case Categories of Assistance (as identified above) in the Sample Frame**
  - Case Categories of Assistance
  - Number of Cases
. Total Number in Positive Sample Selection
. Total Number in Negative Sample Selection

** These tallies would reflect all MIMS cases receiving only Medicaid benefits.

The report should be distributed in hardcopy format. A magnetic copy of the information selected for each sampling should be provided for the Statistics and Research Bureau.

Summary of Public Assistance Statistics. The purpose of this report is to provide a monthly recap of obligations incurred for public assistance. It would

Totals should be accumulated and printed as follows:

- Number in Positive Sample Selection
- Number in Negative Sample Selection
- Number of FS Cases in Sample Frame**
- Value of FS Coupons Issued in Sample Frame**

** The Number of FS Cases and the Values of FS Coupons would reflect all FS issuances (except replacement issuances) made during the month.

The report should be generated in hardcopy format. A magnetic copy of the information selected for each sampling should be provided to the Statistics and Research Bureau.

Quality Control Sample - Medicaid Program. The purpose of this report is to provide a listing of both positive and negative sample selections of Foster Care Related Medical Assistance, Medical Assistance Only (MAO) and Medically Needy (MN) Program participants. The report would be used to satisfy federal reporting requirements. It would be referenced by the Statistics and Research Bureau and used as a management aid by the Quality Control Section (for making monthly assignments for Medicaid quality control reviewers).

The informational requirements consist of:

- Report Date
- County of Responsibility
- Case Identifier
- Case Name
- Client Name(s)
- Client Social Security Number(s)
- Reviewer's Signature Line
- For Positive Sampling:
  - Case Program Eligibility Period (Medically Needy Only)
  - Case Program Open Date
  - Date of Original Eligibility Determination

- Report Date
- County of Responsibility
- Case Identifier
- Case Name
- Client Name(s)
- Client Social Security Number(s)
- Reviewer's Signature Line
- For Positive Sampling
  - Case Program Benefit Period
  - Number of FS Program Participants
  - Value of FS Coupons Issued:
    - Regular Allotment Value
    - Supplemental Allotment Value
    - Restored Allotment Value
- For Negative Sampling:
  - Previous Month, Number of FS Program Participants*
  - Previous Month, Value of FS Coupons Issued*
    - Regular Allotment Value
    - Supplemental Allotment Value
    - Restored Allotment Value
  - Current Month, Number of FS Program Participants*
  - Current Month, Value of FS Coupons Issued*
    - Regular Allotment Value
    - Supplemental Allotment Value
    - Restored Allotment Value
  - Case Action Code (Close or Deny)
  - Date of Denial or Closure
  - Reason for Denial or Closure

* For denials, these numbers may not be applicable.

The report should be generated on a monthly basis using a random sampling selection method, but it would include information on cases specifically requested to be reported. It should be generated in sequence by Client Social Security Number within Case Identifier within County of Responsibility within Sample Type.

* For Denials, these amounts may not be applicable.

The report would be generated on a monthly basis using a random selection method, but it would include information on cases specifically requested to be reported. It should be generated in sequence by Client Social Security Number within Case Identifier within County of Responsibility within Sample Type.

Totals should be accumulated and printed as follows:

- Number in Positive Sample Selection
- Number in Negative Sample Selection
- Number of AFDC Cases in Sample Frame**
- Total Payments Made to AFDC Cases in Sample Frame**
- Number of IRA Cases in Sample Frame**
- Total Payments Made to IRA Cases in Sample Frame**

** The Number of AFDC and IRA Cases in Sample Frame and the Total Amount of Payments in Sample Frame should be recorded on the semi-annual State QC Universe Data Report (SRS-OQC-004). These figures would reflect all AFDC and IRA Program benefits provided during the month.

The report should be distributed in hard-copy format. A magnetic copy of the information selected for each sampling should be provided for the Statistics and Research Bureau.

Quality Control Sample - Food Stamp Program. The purpose of this report is to provide a listing of both positive and negative sample selections of Food Stamp Program participants. The report would satisfy federal reporting requirements. It would be referenced by the Statistics and Research Bureau and used as a management aid by the Quality Control Section (for making monthly assignments for Food Stamp quality control reviewers). It should be noted that this sample would be drawn on cases receiving only Food Stamp Program benefits.

The informational requirements consist of:

- Supplemental Grant Amount
- Supplemental Benefit Period
- Retroactive Benefit Amount
- Retroactive Benefit Period
- Adjustment Benefit Amount
- Repayment Reduction Amount
- Case Categories of Assistance
- Case Program Type
- Case Program Benefit Period

. For Negative Action Sampling:

- Previous Month:*
  .. Net Grant Amount
  .. Grant Amount
  .. Supplemental Grant Amount
  .. Supplemental Benefit Period
  .. Retroactive Benefit Amount
  .. Retroactive Benefit Period
  .. Adjustment Benefit Amount
  .. Repayment Reduction Amount
- Current Month:*
  .. Net Grant Amount
  .. Grant Amount
  .. Supplemental Grant Amount
  .. Supplemental Benefit Period
  .. Retroactive Benefit Amount
  .. Retroactive Benefit Period
  .. Adjustment Benefit Amount
  .. Repayment Reduction Amount
- Date of Denial or Closure
- Reason for Denial or Closure
- Case Categories of Assistance
- Case Program Type

. County of Application

. Position Number

- Client(s) Social Security Number
- Per Client
  - Previous Month:
    - WIN Status (Mandatory, Voluntary)
    - Amount of Earned Income
  - Current Month:
    - WIN Status (Mandatory, Voluntary)
    - Amount of Earned Income

The report should be generated on a monthly basis and in sequence by Client Social Security Number within Case Name within County of Responsibility. It should be distributed to the Management Operations Bureau of the Community Services Division.

Statistical and Federal Reporting Information

Quality Control Sample - AFDC and IRA Programs. The purpose of this report is to provide a listing of both positive and negative sample selections of AFDC and IRA Program participants. The report would be used to satisfy federal reporting requirements. It would be referenced by the Statistics and Research Bureau and used as a management aid by the Quality Control Section (for making monthly assignments to both AFDC and Medicaid quality control reviewers).

The informational requirements consist of:

- Report Date
- County of Responsibility
- Case Identifier
- Case Name
- Client(s) Name
- Client(s) Social Security Number
- Reviewer Signature Line
- For Positive Action Sampling:
  - Net Grant Amount
  - Grant Amount

The report should be generated monthly and in sequence by Client Social Security Number within Case Identifier within Case Name. It should be distributed to the Medicaid Services Bureau and to the Statistics and Research Bureau.

WIN Welfare Grant Reduction Report. The purpose of this report is to indicate AFDC grant savings for WIN registrants who have entered or continue employment. The report would provide information required for federal reporting, i.e. the report completed by WIN-State Administrative Unit (SAU) in the Management Operations Bureau of the Community Services Division. AFDC Cases with all household members WIN exempt would not be reported.

The informational requirements consist of:

- Report Date
- County of Responsibility
- Case Name
- Case Identifier
- Previous Month Benefits:
  - Grant Amount
  - Retroactive Benefit Amount
  - Supplemental Grant Amount
  - Adjustment Benefit Amount
  - Repayment Reduction Amount
  - Net Grant Amount
- Current Month Benefits:
  - Grant Amount
  - Retroactive Benefit Amount
  - Supplemental Grant Amount
  - Adjustment Benefit Amount
    Repayment Reduction Amount
  - Net Grant Amount
- Saving Per Case (Difference between Previous Month's Benefits and Current Month's Benefits, allow negative. Repayment amounts would not be taken into consideration)
- Client(s) Name

The informational requirements consist of:

- Report Date
- Case Name
- Case Identifier
- Case Address
- County of Responsibility
- Per Each Client:
  - Client Name
  - Client Social Security Number(s)
  - Date of Birth
  - Date of EPSDT Request

The report should be generated monthly and in sequence by Client Social Security Number within Case Identifier within Case Name. It should be distributed to the Medicaid Services Bureau and to the Statistics and Research Bureau.

EPSDT - AFDC Program Recipients Refusing EPSDT Services. The purpose of this report is to provide a monthly listing of AFDC recipients that refused EPSDT services during the month. The information provided would satisfy federal reporting requirements (HCFA-AT-80-23).

The informational requirements consist of:

- Report Date
- Case Name
- Case Identifier
- Case Address
- County of Responsibility
- Per Each Client:
  - Client Name
  - Client Social Security Number(s)
  - Date of Birth
  - Date of EPSDT Refusal

The report would identify new AFDC cases and re-opened AFDC cases.

EPSDT - Program Eligibles. The purpose of this report is to provide a complete monthly list of assistance program recipients who are eligible for EPSDT Program participation. It would provide identification of all Medicaid recipients under 21 years of age. The information would satisfy federal reporting requirements, (HCFA-AT-80-23).

The informational requirements consist of:

- Report Date
- County of Responsibility
- Case Name
- Case Identifier
- Case Address
- Per Each Client
  - Client Name
  - Client Social Security Number(s)
  - Date of Birth
  - Client Program Open Date (Medicaid)
  - Date of EPSDT Request
  - Date of EDSDT Refusal

The report should be generated monthly and in sequence by Client Social Security Number within Case Identifier within Case Name within County of Responsibility. It should be distributed to the Medicaid Services Bureau (and EPSDT Contractors) and to the Statistics and Research Bureau. A magnetic copy of this information should also be provided to the Statistics and Research Bureau.

EPSDT - AFDC Program Recipients Requesting EPSDT Services. The purpose of this report is to provide a monthly listing of AFDC recipients that requested EPSDT services during the month. The information provided would satisfy federal reporting requirements (HCFA-AT-80-23).

- Number Six to Twelve Years of Age
- Number Thirteen to Seventeen Years of Age
- Number Eighteen to Twenty Years of Age

. Total Number of Medicaid Eligibles Under Twenty-one, Who Have Anniversaries This Quarter*

- Number Under One Year of Age
- Number One to Five Years of Age
- Number Six to Twelve Years of Age
- Number Thirteen to Seventeen Years of Age
- Number Eighteen to Twenty Years of Age

* An Anniversary month has been defined as the month in which an individual has been eligible for EPSDT for a twelve month period. Anniversaries continue to occur after twenty-four months, thirty-six months, etc.

The report should be prepared on a quarterly basis in January, April, July and October and distributed to the Medicaid Services Bureau and to the Statistics and Research Bureau.

EPSDT - Newly Approved AFDC Cases. The purpose of this report is to provide a monthly listing of newly approved AFDC Cases. The information provided would satisfy federal reporting requirements, (HCFA-AT-80-23).

The informational requirements consist of:

. Report Date
. Case Name
. Case Identifier
. Case Address
. County of Responsibility

The report should be generated monthly and in sequence by Case Identifier within Case Name. It should be distributed to the Medicaid Services Bureau and to the Statistics and Research Bureau.

- Income Status:
  - Total Amount of Gross Earnings
  - Total Amount of Income Disregarded
  - Total Amount of Mandatory Deductions
  - Total Amount of Work Expenses (Including Twenty-five dollars or actual work expense, day care allowed as work expense, and transportation.)
  - Total Amount of Net Earnings
  - Total Amount of Net Income
  - Number of Cases
  - Amount of Net Total Grant Amount (This total would reflect only regular benefits.)

** This count would be provided only for the AFDC, IRA and Medicaid Programs.

*** These counts would be provided only for the AFDC, IRA, Food Stamp and Medicaid Programs.

The report should be generated monthly in sequence by Position Number within County of Responsibility. It should be distributed to the Management Operations Bureau, to the Field Services Bureau and to the County Directors.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Statistics - Quarterly. The purpose of this report is to provide quarterly statistics to support the EPSDT Program. The information provided would be referenced to complete the Quarterly Child Health Status Report (HCFA-156), OMB No. 66-R-0142.

The informational requirements consist of:

- Report Period (Quarterly)
- Total Number of Individuals Eligible for Medicaid This Quarter
  - Number Under One Year of Age
  - Number One to Five Years of Age

- Number of Food Stamp Only Cases That Were Opened This Month
- Number of Food Stamp Only Cases That Were Closed This Month
- Number of Redeterminations Due**
- Number of Cases With Income Changes***
- Number of Cases With Resource Changes***
- Number of Cases Transferred***

. Case Program Activity:

- Case Program Type
  .. Number of Cases Receiving Case Program Benefits Previous Month (Include Number of MAO, SSI, MN and F/C Cases Eligible for benefits)
  .. Number of Cases Receiving Case Program Benefits This Month (Include Number of MAO, SSI, MN and F/C Cases Eligible for benefits)

. Case Application Activity:***

- Total Number of Applications Disposed Of
- Number of MN Applications Pending:
  .. For 0-30 Days
  .. For 31-60 Days
  .. For 61-90 Days
  .. For 91-120 Days
- Number of Applications (Except MN) Pending:
  .. For 0-15 Days
  .. For 16-30 Days
  .. For 31-45 Days
  .. For Over 45 Days
- Average Number of Disposition Days For An Application
- Average Number of Days Pending For An Application:
  .. For MN Cases
  .. For Cases Except MN Cases

* For AFDC and IRA Cases, the following list identifies additional informational requirements:

- Issuance Address Zip Code
- Case Name
- Authorized Representative (if applicable)
- Issuance Address (either Mailing Address or County Office Address)
- Case Identifier

. For the corresponding Return Address Labels:
- County of Application-Office Name
- County of Application-Office Address

The sequence of these outgoing labels should be Case Identifier within Case Name within Issuance Address Zip Code within Type of Mail Issuance within Value of Coupons within County of Application. These labels and the corresponding return address labels would be affixed to envelopes containing monthly food coupon allotments.

Caseload Changes And Application Processing - Monthly. The purpose of this report is to provide monthly statistics for State and County program administrators to enable them to monitor caseload changes and application processing.

The informational requirements consist of:

. Report Date
. County of Responsibility
. County of Application
. Position Number
. Caseload Activity:*
  - Number of Cases Receiving Benefits Previous Month (Include Number of MAO, SSI, MN and F/C Cases Eligible for Benefits)
  - Number of Cases Opened This Month
  - Number of Cases Closed This Month
  - Number of Cases Receiving Benefits This Month (Include Number of MAO, SSI, MN and F/C Cases Eligible for benefits)
  - Percentage of Change in the Number of Cases Receiving Benefits from Previous Month To This Month
  - Ratio of Cases Opened To Cases Closed This Month

The informational requirements for Special Attribute Labels consist of:

- For the Outgoing Labels:
  - Case Zip Code
  - Case Address
  - Case Name or Client Name (as applicable)
  - Case Identifier
- For the corresponding Return Address Labels:
  - County of Application-Office Name
  - County of Application-Office Address

These labels should be provided for cases receiving specific program benefits (per either Case of Client Categories of Assistance codes) and/or for cases with specific case characteristics (as cases with clients indicating Indian Enrollment).

The sequence of these outgoing labels should be Case Name within Case Zip Code. These labels would be affixed to envelopes containing form letter correspondence and return envelopes. The return envelopes would be addressed to the County Welfare Office of the County of Application, as the return labels would have been affixed to them.

The informational requirements for the County Welfare Office Labels consist of:

- County of Application-Office Name
- County of Application-Office Address
- County of Application Code

These labels should be generated in sequence by County of Application Code.

The informational requirements for the Food Stamp Households Labels consist of:

- For the Outgoing Labels:
  - County of Application
  - Value of Coupons
  - Type of Mail Issuance

- Value of Coupons
- Number of Households To Receive this Allotment
- Per Type of Mail Issuance (i.e., Direct or County)
  - .. Type of Mail Issuance
  - .. Issuance Address Zip Code
  - .. Case Name
  - .. Issuance Address
  - .. Case Identifier

The report should be generated in sequence by Case Identifier within Case Name within Issuance Address Zip Code within Type of Mail Issuance within Value of Coupons within County of Application. It would be used at the State office to prepare coupon packets for mailing. The report should be distributed to the Field Services Bureau and to the county offices.

Address Labels. The purpose of these labels is to provide the Economic Assistance Division with a set of address labels for any of the following:

- . Nursing Home Facilities
- . Special Attribute Labels
- . County Welfare Offices
- . Food Stamp Households

The informational requirements for the Nursing Home Facilities labels consist of:

- . For the Outgoing Labels
  - Name of Facility
  - Address of Facility
  - Provider Number

The sequence of these outgoing labels should be by Provider Number. These labels would be affixed to envelopes containing correspondence (Nursing Home Resources Requests) and return envelopes that are pre-addressed to the Economic Assistance Division.

- Issuance Date
- County of Application
- Type of Mail Issuance (i.e., Direct or County)
- Case Name
- Case Address
- Case Identifier
- Authorized Representative
- Authorized Representative Address
- Case Program Eligibility Period (Certification Period)
- Case Program Benefit Period
- Current Total Monthly Food Stamp Coupon Allotment
- Food Stamp Coupon Books Issued:
  - Per Type of Coupon:
    - Denomination of Coupon Books
    - Number of Coupon Books

The report should be prepared in sequence by Case Identifier within Case Name within Type of Mail Issuance within County of Application. Totals should be accumulated by Type of Mail Issuance, by County of Application and state-wide of the number and type of coupon books issued.

The report would be used at the county offices to aid with the distribution of State-issued coupon books. The report should be distributed to the Field Services Bureau and to the county offices.

Food Stamp Allocation Assembly Report. The purpose of this report is to provide a report of food coupon allotments that need to be assembled for issuance to food stamp households, per any given MIMS issuance processing cycle. It would reflect only food coupons issued centrally.

The information requirements consist of:

- Issuance Date
- County of Application
- Food Stamp Coupon Allotments:

- Case Program Benefit Period
- Regular Allotment
- Supplemental Benefit Period
- Supplemental Allotment
- Retroactive Benefit Period
- Retroactive Allotment
- Restored Benefit Period
- Restored Benefit Allotment
- Recovery Amount (if applicable, i.e. only for Cases with Restored Benefits)
- Repayment Account Identifier
- Date of Issuance

. For County Issuance:
  - Expedited Allotment
  - Date of Expedited Issuance

. Total Value of all Coupons Issued

. Per Type of Coupon Issued:
  - Denomination of Coupons
  - Number of Coupon Books

. Coupon Receipt Indicator (if coupons undeliverable)

. For Cancelled Allotments:
  - Reason for Cancellation
  - Date of Cancellation

The report should be generated in sequence by Case Identifier within Case Name within County of Application. A state-wide total of the Value of Coupons Issued should be accumulated. The report should be distributed to the Field Services Bureau and to the county offices.

Food Stamp Issuance Log. The purpose of this report is to provide a log of food coupon allotments to be issued to each food stamp household, per any given MIMS issuance processing cycle. It should only reflect food coupons issued centrally.

The informational requirements consist of:

The informational requirements consist of:

- Report Date
- County of Application (Receiving)
- County Office
- County Office Address
- Per Type of Coupon
  - Denomination of Coupons
  - Number of Coupon Books
  - Value of Coupons
- Total Value of Coupons Transferred

The report should be generated each time coupons are transferred. It would be maintained by the Field Services Bureau.

Food Stamp Issuance Register - Monthly. The purpose of this report is to provide a monthly roster of all food stamp households and the allotments each household was eligible to receive during any month's span. The roster would reflect regular, expedited, supplemental, retroactive and restored benefit allotments.

The report would be prepared at the first of each month to reflect coupon issuance activity 30-60 days prior. (i.e., the report for February 1 through February 28 would be generated April 1).

The informational requirements consist of:

- Report Period
- Report Date
- County of Application
- Case Name
- Authorized Representative Indicator
- Case Identifier
- Case Program Eligibility Period
- For System Issuance:

. When Day Care Allowed as Work Expense:
  - Day Care Allowance Amount
  - Number of Cases With Day Care Deductions

The report should be generated on a monthly basis and in sequence by County of Responsibility. Total Day Care Amount, Retroactive Day Care Amount, Day Care Allowance Amount, Numbers of Cases and Numbers of Children should be accumulated state-wide. The report should be distributed to the Economic Assistance Division, the Fiscal Bureau and the Statistics and Research Bureau.

Food Stamp Inventory Inquiry. The purpose of this screen is to display the current status of the food coupon supply at the State or at any county office. It would be used by the Field Services Bureau to monitor bulk supplies of food coupons. The inquirer would have to identify the County of Application about which the information was being requested.

The informational requirements consist of:

. Report Date
. County of Application*
. Per Type of Coupon In Supply:
  - Denomination of Coupons
  - Number of Coupon Books
  - Value of Coupons

* The State office would be assigned a County of Application Code for reporting purposes.

State office, county office, and state-wide totals should also be displayed to reflect the total value of coupons recorded in each inventory.

Record of Transfer of Food Coupons. The purpose of this report is to provide a record of coupon transfer from the State supply to the county office supplies. The report would provide system reconciliation information that should correspond to the manual issuance of the Advise of Transfer of Food Coupons (FS-41).

It should provide program administrators with a basis for understanding caseload fluctuation.

The informational requirements consist of:

- Report Date
- County of Responsibility
- For Each of the Case Categories of Assistance:
  - Case Categories of Assistance
  - For Each Case Opening Code:
    - Reason for Case Opening Code
    - Number of Cases Opened
    - Number of Recipients
    - Total AFDC Benefit Amount
    - Average AFDC Benefit Amount Per Case
    - Total Food Stamp Allotment
    - Average Food Stamp Allotment Per Case

The report should be generated on a quarterly basis in January, April, July and October. It should be in sequence by Reason for Case Opening Code within Case Categories of Assistance within County of Responsibility. Statewide totals should also be provided. The report should be distributed to the Eligibility Policy Bureau, the Field Services Bureau and the Statistics and Research Bureau.

Special Needs and Work Expense Day Care Report. The purpose of this report is to provide information on AFDC Cases receiving Day Care benefits.

The informational requirements consist of:

- Report Date
- County of Responsibility
- When Day Care Allowed as Special Needs:
  - Day Care Amount (for Current Benefit Period)
  - Retroactive Day Care Amount
  - Number of Cases With Special Needs Day Care
  - Number of Children For Whom Day Care Is To Be Paid

* General Assistance, Emergency Assistance and County Medical Program participation information should be maintained and reported until it is replaced by subsequent issuance of benefits or for a six month period.

The state and county offices would reference this screen to determine case and client status.

Program Management Information

Enumeration Recap. The purpose of this report is to provide the Field Services Bureau with monthly summary information on the numbers of AFDC, IRA, Food Stamp and Medicaid clients using Temporary Social Security Numbers and on the numbers of AFDC, IRA, Food Stamp and Medicaid clients without Verified Social Security Numbers. It would be used to monitor county follow-up in obtaining Verified Social Security Numbers. It would provide counts of unborns receiving assistance.

The informational requirements consist of:

- State Region
- County of Application
- Client Categories of Assistance*
- Count of Temporary Social Security Numbers
- Count of Unverified Social Security Numbers
- Count of Unborns

* Food Stamp Program participants, who are not also participating in AFDC cases, would be tallied and reported by age i.e., those over eighteen years of age and those under eighteen years of age.

The sequence of the report should be by Client Categories of Assistance within County of Application within State Region. This sequence should facilitate the distribution of the report to the appropriate field representative.

Case Opening Statistical Report - Quarterly. The purpose of this report is to provide statistical information according to the reasons given for case openings.

- Case Program Open Date
- Case Program Pended Date
- Case Program Closure Date
- Reason for Closure or Denial
- Case Program Benefit Period
- Number In Household
- Expedited Food Stamp Coupon Allotment
- Regular Food Stamp Coupon Allotment
- Supplemental Food Stamp Coupon Allotment
- Restored Food Stamp Coupon Allotment
- Retroactive Food Stamp Coupon Allotment
- Total Allotment
- Method of Issuance
- Date Allotment Credited
- Name of Authorized Representative (if applicable)

. When General Assistance Program Participation Indicated:*
  - Case Program Type
  - Case Program Benefit Period
  - Benefit Amount

. When Emergency Assistance Program Participation Indicated:*
  - Case Program Type
  - Case Program Benefit Period
  - Maintenance Benefit Amount
  - Medical Benefit Amount

. When County Medical Program Participation Indicated:*
  - Case Program Type
  - Date Determined Eligible
  - Benefit Amount

. Client(s) Information:
  - Client's Name
  - Client's Social Security Number
  - Client's Date of Birth
  - Client's Categories of Assistance
  - WIN Status
  - Deprivation Reason
  - Child Support Amount

.. Name of Insurance Company
.. Policy Number
.. Certificate Number

. When AFDC or IRA Program Assistance Indicated:
- Guardian or Protective Payee Name (if applicable)
- Case Program Type
- AFDC Payment Code
- AFDC Payee Status In Grant
- Case Program Status
- Date of Original Application
- Case Program Open Date
- Case Program Pended Date
- Case Program Closure Date
- Reason for Closure or Denial
- Number in Grant
- Grant Amount
- Retroactive Benefit Amount
- Supplemental Benefit Amount
- Adjusted Benefit Amount
- Repayment Agreement Reduction Amount
- Date Warrant Cancelled (Only if no benefits were issued)

. When Medicaid Program Assistance Indicated:
- Case Program Type
- Medicaid Relationship Type
- Case Program Status
- Date of Original Application
- Case Program Open Date
- Case Program Pended Date
- Case Program Closure Date
- Reason for Closure or Denial
- Case Program Eligibility Period (for Medically Needy Only)

. When Food Stamp Program Assistance Indicated:
- Case Program Type
- Case Program Status
- Date of Original Application

-- Client Program Open Date*
-- Client Program Close Date*
-- Case Identifier*
-- County of Responsibility*

* If the Client Program Open and Close Dates reflect continuous eligibility, and if the client has maintained singular case association and the same County of Responsibility, only the first Client Program Open Date and the last Client Program Close Date would need to be displayed.

The screen should display this information in sequence by descending (most recent first) Eligibility Period within Client Program Type within Case Identifier within Client's (current) Social Security Number, as requested.

Status Inquiry. The purpose of this screen is to display the most current eligibility and benefit information for active, pended and closed AFDC, IRA, Food Stamp, Medicaid, General Assistance, Emergency Assistance, and/or County Medical cases identified by the inquirer. This information should be provided for a three-year period, i.e., even if there had not been any changes made in the case information during that period.

The informational requirements consist of:

. Case Identifier (supplied by inquirer)
. Case Name
. Case Address
. Name of Responsible Adult
. Case Categories of Assistance
. Next Eligibility Certification Date
. County of Responsibility
. Position Number
. Third Party Liability Information:
  - Per Each Client
    .. Client's Name
    .. Client's Social Security Number

.. For Each Eligibility Period Within the Fiscal Year: (Pertains to open and close dates)
-- Client Program Open Date*
-- Client Program Close Date*
-- Case Identifier*
-- County of Responsibility*

* If the Client Program Open and Close Dates reflect continuous eligibility, and if the client has maintained singular case association and the same County of Responsibility, only the first Client Program Open Date and the last Client Program Close Date would need to be printed.

The report should be generated in July of each year to reflect the client information for the preceeding State fiscal year (July 1 - June 30). The report should be generated in descending sequence by Eligibility Period (most recent first) within Client Program Type within Case Identifier within Client's Current Social Security Number within Client Name.

Historical Eligibility Inquiry. The purpose of this screen is to display historical eligibility information per assistance program client. It should show all case associations per client and the eligibility periods per each. It would provide AFDC, IRA, Medicaid, Food Stamp, General Assistance, Emergency Assistance, and/or County Medical eligibility periods per client for a period of the most recent twelve months.

The informational requirements consist of:

. For Each Client: (identified by the inquirer)
- Client's Name
- Client's Current Social Security Number
- Client's Previous Social Security Number
- Date of Birth
- For Each Client Program Type:
.. Client Program Type
.. For Each Eligibility Period Within the Fiscal Year: (Pertains to Open and Close Dates)

--- Relationship Significance
--- Duty of Support Indicator
--- County of Responsibility
--- Third Party Liability Indicator

-- For Medicaid Recipients:

... For Each Month Benefits Were Provided:

--- Month of Benefit (Based on Date of Claim Payment)
--- Amount of Benefit (Based on Date of Claim Payment)

The screen should display this information in sequence by descending (most recent first) Eligibility Period. The Client Data should be displayed in sequence by descending Client Program Eligibility Period within Client Program Type within Client's Current Social Security Number. The inquiry would be used by the state and county offices.

Statewide Historical Eligibility Reporting for Assistance Program Clients - Annual. The purpose of this report is to provide an annual roster identifying all assistance program participants, the cases each one was associated with and the eligibility periods for each. The report would be used primarily for reference purpose, and should be retained to satisfy archival reporting requirements. It should reflect participation in the AFDC, IRA, Food Stamp, Medicaid, General Assistance, Emergency Assistance and/or County Medical Programs.

The informational requirements consist of:

. Report Date
. For Each Client:
- Client Name
- Client's Current Social Security Number
- Client's Previous Social Security Number
- Date of Birth
- For Each Client Program Type:
.. Client Program Type

... Retroactive Benefit Amount
... Retroactive Day Care Amount (IV-A)
... Supplemental Benefit Period
... Supplemental Benefit Amount
... Adjusted Benefit Amount
... Duty of Support Indicator

-- For Food Stamps: (if applicable)
... Case Program Benefit Period
... Regular Food Stamp Coupon Allotment
... Supplemental Benefit Period
... Supplemental Food Stamp Coupon Allotment
... Retroactive Benefit Period
... Retroactive Food Stamp Coupon Allotment
... Restored Benefit Period
... Restored Food Stamp Coupon Allotment

-- For Medicaid: (if applicable)
... Case Program Benefit Period
... Case Program Eligibility Period (Medically Needy only)

-- Emergency Assistance - (Total of Maintenance and Medical Amounts)
-- County Medical Benefit Amount
-- General Assistance Benefit Amount

- Client Data:
.. For Each Client
-- Client Name
-- Client's Current Social Security Number
-- Client's Previous Social Security Number
-- Date of Birth
-- For Each Client Program Type:
... Client Program Type
... For Each Eligibility Period Within the Fiscal Year (Pertains to an open and close)
--- Client Program Open Date
--- Client Program Close Date

The report should be generated in July each year for the preceeding State fiscal year period (July 1 - June 30).

The report should be generated in sequence by descending (most recent first) Eligibility Period within Case Identifier within Case Name. The Client Data should be provided in sequence by descending Client Program Eligibility Period within Client Program Type within Client's Current Social Security Number.

The report should be distributed on microfiche for use by the Economic Assistance Division, the Centralized Services Division (Statistics and Research and Fiscal Bureaus), the Department of Revenue (Child Support Enforcement Bureau) and the counties.

Historical Benefit Inquiry. The purpose of this screen is to display historical assistance program case benefits and participation information for any case identified by the inquirer. It would provide AFDC, IRA, Medicaid, Food Stamp, General Assistance, Emergency Assistance and/or County Medical case information for a period of the most recent eighteen consecutive months. (It should not reflect cancelled benefits or repayment agreement reductions.)

The informational requirements consist of:

- For Each Case: (identified by the inquirer)
  - Case Name
  - Case Identifier
  - Case Categories of Assistance
  - For Each Eligibility Period Within the Fiscal Year:
    - .. Eligibility Period (Pertains to Calendar Month)
    - .. County of Responsibility
    - .. Case Program Benefits and Benefit Periods:
      - -- For AFDC and IRA: (if applicable)
        - ... Case Program Benefit Period
        - ... AFDC or IRA Grant Amount
        - ... Day Care Amount (IV-A)
        - ... Retroactive Benefit Period

... Supplemental Food Stamp Coupon Allotment
... Retroactive Benefit Period
... Retroactive Food Stamp Coupon Allotment
... Restored Benefit Period
... Restored Food Stamp Coupon Allotment

-- For Medicaid: (if applicable)
... Case Program Benefit Period
... Case Program Eligibility Period (Medically Needy only)

-- Emergency Assistance - (Total of Maintenance and Medical Amounts)
-- County Medical Benefit Amount
-- General Assistance Benefit Amount

- Client Data:

.. For Each Client
-- Client Name
-- Client's Current Social Security Number
-- Client's Previous Social Security Number
-- Date of Birth
-- For Each Client Program Type:
... Client Program Type
... For Each Eligibility Period Within the Fiscal Year (Pertains to an open and close)
--- Client Program Open Date
--- Client Program Close Date
--- Relationship Significance
--- Duty of Support Indicator
--- County of Responsibility
--- Third Party Liability Indicator

-- For Medicaid Recipients:
... For Each Month Benefits Were Provided:
--- Month of Benefit (Based on Date of Claim Payment)
--- Amount of Benefit (Based on Date of Claim Payment)

State-wide Historical Benefit Reporting for Assistance Program Cases - Annual.
The purpose of this report is to provide an annual roster identifying all assistance program participants and the benefits they had received. The report would be used primarily for reference purposes, and should be retained to satisfy archival reporting requirements. It should reflect participation in the AFDC, IRA, Food Stamp, Medicaid, General Assistance, Emergency Assistance and/or County Medical Programs. (It should not reflect cancelled benefits or repayment agreement reductions.)

The informational requirements consist of:

- Report Date
- Case Data:
  - Case Name
  - Case Identifier
  - Case Categories of Assistance
  - For Each Eligibility Period Within the Fiscal Year:
    - Eligibility Period (Pertains to Calendar Month)
    - County of Responsibility
    - Case Program Benefits and Benefit Periods:
      - For AFDC and IRA: (if applicable)
        - Case Program Benefit Period
        - AFDC or IRA Grant Amount
        - Day Care Amount (IV-A)
        - Retroactive Benefit Period
        - Retroactive Benefit Amount
        - Retroactive Day Care Amount (IV-A)
        - Supplemental Benefit Period
        - Supplemental Benefit Amount
        - Adjusted Benefit Amount
        - Duty of Support Indicator
      - For Food Stamps: (if applicable)
        - Case Program Benefit Period
        - Regular Food Stamp Coupon Allotment
        - Supplemental Benefit Period

State-wide Alphabetical Listing of Assistance Program Clients - Monthly. The purpose of this report is to provide a monthly roster of active assistance program clients and clients closed within the last two years. The report would be used primarily for reference by the Economic Assistance Division, by the Statistics and Research Bureau and the Fiscal Bureau of the Centralized Services Division, and by the counties. AFDC, IRA, Food Stamp, Medicaid, General Assistance, Emergency Assistance, and/or County Medical Program participants would be identifed.

The informational requirements consist of:

- Report Date
- Client's Name
- Client's Verified Social Security Number or Temporary Social Security Number
- Date of Birth
- Client Categories of Assistance
  - Case Identifier*
    - Client Program Type**
    - Client Program Status**
    - Client Program Open Date**
    - Client Program Close Date**
- County of Application
- Position Number

* Multiple Case Identifiers should be provided if the client is participating in multiple assistance cases.

** Multiple occurrences of this information should be provided if the Client is eligible for benefits from multiple programs per case association.

The report should be generated on a monthly basis and in sequence by Client's Name. It should be prepared for microfiche distribution.

The report should be generated in sequence by Client's Name. It should be prepared for microfiche distribution.

State-wide List of Assistance Program Clients - Monthly. The purpose of this report is to provide a monthly roster of active assistance program clients and clients closed within the last two years. The report would be used primarily for reference by the Economic Assistance Division, by the Statistics and Research Bureau and the Fiscal Bureau of the Centralized Services Division and by the counties. AFDC, IRA, Food Stamp, Medicaid, General Assistance, Emergency Assistance, and/or County Medical Program participants should be included.

The informational requirements consist of:

- Report Date
- Client's Verified Social Security Number or Temporary Social Security Number
- Client's Name
- Date of Birth
- Client Categories of Assistance
  - Case Identifier*
    - Client Program Type**
    - Client Program Status**
    - Client Program Open Date**
    - Client Program Close Date**
- County of Application
- Position Number

* Multiple Case Identifiers should be provided if the client is participating in multiple assistance cases.

** Multiple occurrences of this information should be provided if the client is eligible for benefits from multiple programs per case association.

The report should be prepared in ascending Client's Verified or Temporary Social Security Number sequence. The report should be prepared for microfiche distribution.

terms of the sub-functions of this function, i.e., Case and Client Information, Program Management Information, Statistical and Federal Reporting Information, Financial Information, System Control Information, and Recovery-Related Information.

Case and Client Information

Alphabetical Medical Eligibility Report - Monthly. The purpose of this report is to provide a monthly reference list of all individuals who were eligible for Medicaid benefits within the last twelve months. The report would be used by the Medicaid Services Bureau to determine if an individual named (as in a telephone inquiry) were receiving or eligible to receive Medicaid benefits during the time period in question.

The informational requirements consist of:

- Report Date
- Client's Name
- Date of Birth
- Client's Social Security Number
- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Hospital Insurance (HI) Information (Medicare Part-A):
  - Date of Entitlement to HI
  - HI Termination Date
- Supplemental Medical Insurance (SMI) Information (Medicare Part-B):
  - Date of Entitlement to SMI
  - SMI Termination Date
- Client's Railroad Retirement Number (if applicable)
- Client Categories of Assistance
- Case Identifier (for Medicaid benefits)
- Client Restrictions
- County of Application
- For Each Benefit Period Within the Last Twelve Months:
  - Client Program Open Date
  - Client Program Close Date

The informational requirements consist of:

- Report Period
- Name of Applicant or Person For Whom Application Was Made (Case Name)
- Name of Responsible Adult
- Case Identifier
- Case Categories of Assistance
- Mailing Address (Case Address):
  - Street Address
  - City
  - State
  - Zip Code
- Return Address:
  - County of Application Code
  - County of Application-Office Name
  - County of Application-Office Address
- Client Information (Including Applicant Identification):
  - Client's Name
  - Client Social Security Number
  - Client Categories of Assistance

The report should be generated for each AFDC, IRA, Medicaid and/or Food Stamp Case during the month prior to the month indicated in the case information as Next Eligibility Certification Date. The report should also be generated monthly for AFDC and/or IRA Cases with reported Earned Income. The reports would be distributed to the assistance program recipients for completion.

The reports should be generated in sequence by Case Identifier within Case Name within Zip Code. Window envelopes should be used for mailing, and pre-addressed return envelopes should be provided. (The address on the return envelope would correspond to the Return Address indicated on the EA71 form.)

MANAGEMENT INFORMATION

The definitions that follow identify the output requirements of the Management Information function of the proposed system. They have been categorized in

- Report Date
- County of Application
- Position Number
- Case Name
- Case Identifier
- Next Eligibility Certification Date
- Case Categories of Assistance
- Identification of Case Action Required or Case Activity
- Number of Days Delinquent
- Client's Verified or Temporary Social Security Number
- Client's Name
- Client Categories of Assistance
- Identification of Client Action Required or Client Activity
- Number of Days Delinquent

The sequence of the report should be Client's Verified or Temporary Social Security Number within Case Identifier within Case Name within Position Number within County of Application. This sequence would facilitate the distribution of reports to the county Welfare Offices and to the (ET) Position Number to which the cases are assigned. The report should be generated on approximately the 25th day of each month.

A recap showing the total number of cases listed per each (ET) Position Number within each County of Application should also be provided. The recap should also show the numbers of recipients using Temporary Social Security Numbers per Client Categories of Assistance for each (ET) Position Number within each County of Application. This recap would advise the ET Supervisors of the monthly workload of their respective staffs.

Redetermination Monthly Reporting Form - (EA71). The purpose of this report is to provide the assistance program recipients with a form to be used to determine their continuing eligibility for AFDC, IRA, Medicaid and/or Food Stamp benefits. The form provided is a pre-printed form, (EA-71). The informational requirements defined below identify the information that would be provided to the recipients by MIMS. The forms would be completed by the recipients and returned to the county office identified.

. Medicaid Cases with:
  - Pending Age Changes (because of children turning eighteen or twenty-one years of age and/or adults turning 65 or 72 years of age)
  - Applications Pending
  - Indian Income Anticipated
  - Reviews Due per Next Eligibility Certification Date (at least annually)
  - Nursing Home recipients with Total Case Resource Amount over $1,400
  - Date that ET expects Nursing Home recipient's Total Case Resource Amount to exceed allowable resource level
  - Medically Needy (with incurrment):
    .. Date by Which Incurrment Must be Met
    .. Medically Needy Incurrment Amount
    .. Medically Needy Incurrment Remaining
  - Verification Required:
    .. Social Security Number
    .. Social Security Claim Number (CAN), also referred to as Medicare Claim Number
    .. Court Orders for AFDC/Foster Care
    .. Income
    .. Application for Unemployment
    .. Resources
    .. Citizenship
    .. Deprivation
    .. Quarters of Work
    .. Day Care (Work Expense)
    .. Pregnancy Verification
    .. Third Party Liability
    .. Other

The informational requirements consist of:

- Monthly Earned Income
- Reviews Due per Next Eligibility Certification Date (at least every six months)
- Review Due To Expiration of Three Year Limitation
- Applications Pending
- IV-A Day Care
- Verification Required:
  - .. Immigration Card
  - .. Work Registration
  - .. Pregnancy in Household
  - .. Shelter
  - .. Income
  - .. Resources
  - .. Day Care Allowed as Work Expense
  - .. Other

. Food Stamp Cases with:

- Pending Age Changes (because of children turning twelve or eighteen years of age and/or adults turning sixty years of age)
- Reviews Due per Next Eligibility Certification Date
- Applications Pending
- Indian Income Anticipated
- Verification Required:
  - .. Social Security Number
  - .. Change of Twenty-five Dollars:
    - -- Income
    - -- Shelter
    - -- Medical Deductions
  - .. Work Registration
  - .. Doctor Statement
  - .. Citizenship
  - .. Resources
  - .. School Attendance
  - .. Day Care
  - .. Shelter
  - .. Other

This report should identify the following conditions for AFDC, IRA, Food Stamp and Medicaid Program participants.

. AFDC Cases with:
  - Pending WIN Status changes (because of children turning six or sixteen years of age)
  - Pending Age Changes (eighteen or twenty-one years of age)
  - Reviews Due per Next Eligibility Certification Date (at least every six months)
  - Review Due To Expiration of Three Year Limitation (Indochinese, only)
  - Home Visits Due (Annually)
  - Monthly Earned Income
  - IV-A Day Care
  - Applications Pending
  - Indian Income Anticipated
  - Verification Required:
    .. Good Cause
    .. Social Security Number
    .. Citizenship
    .. Birth Certificate
    .. Indian Enrollment Number
    .. Pregnancy in Household
    .. Application for Unemployment Compensation
    .. Shelter
    .. School Attendance
    .. Incapacity
    .. Quarters of Work
    .. Income
    .. Resources
    .. Day Care Allowed as Work Expense
    .. Third Party Liability
    .. Custody - Divorce
    .. Other
. IRA Cases with:

- Case Name (or Responsible Adult)
- Case Identifier
- Case Address
- Client Information:
  - Client's Verified or Temporary Social Security Number
  - Client's Name
  - Client's Date of Birth
  - Client Program Benefit Period
  - Client Program Retroactive Benefit Period
  - Third Party Liability Information, for each source:
    - Name of Issuance Company
  - Client Restrictions*

* Client restrictions would consist of the identification of medical service providers that would be allowed to be used by the Medicaid Card holder.

The cards should include verbage explaining that they should not be allowed as proof of identification for check cashing purposes. The counties should issue replacement Medicaid Identification cards, as required.

System card issuance should occur for Medicaid cases, upon determination of Medicaid eligibility and on a monthly basis thereafter. The cards should be generated in ascending sequence by Case Identifier within Case Name within County of Responsibility. Client's Verified or Temporary Social Security Numbers should be in ascending sequence within each Case Identifier. When applicable, the Medicaid Identification Cards should be generated at the same time as the AFDC or IRA recipient warrants.

Redetermination and Recertification

Monthly Activity Report. The purpose of this report is to provide the county Welfare Offices with a detailed summary of monthly activities for the assistance program clients. It would reflect active and pending case activities.

well as any reductions required for repayments due to previous assistance benefit overissuance or fraudulent benefit issuance.

The informational requirements consist of:

- Date of Issuance
- Accounting Entity (07300)
- Transfer Warrant Claim Number
- For AFDC and IRA Program Warrants:
  - Case Name
  - Case Identifier
  - Responsible Adult or Protective Payee
  - Case Address
- For County Reimbursement:
  - County Name
  - County Address
- Warrant Amount
- Warrant Series Number
- Warrant Sequence Number

The bulk of warrant issuance should occur on approximately the twenty-fifth day of each month. The AFDC and IRA warrants should be generated in sequence by Case Identifier within Case Name within County of Responsibility. The county reimbursement warrant should be generated after all AFDC and IRA recipient warrants.

Medicaid Recipients Identification Card. The purpose of these cards is to provide proof of eligibility for participation in the Medicaid Program. Each card would reflect a Medicaid Case and would identify all eligible participants by Client Name and Client's Verified or Temporary Social Security Number.

The informational requirements consist of:

- Date of Issuance
- County of Responsibility

Issuance

Household Identification Card. The purpose of the Household Identification Cards is to provide the Food Stamp Program recipients with proof of identification at the time they go in to the county Welfare Office to pick up their coupon allotment and/or at the time they redeem these coupons.

The informational requirements consist of:

- Case Name
- Authorized Representative
- Case Address
- Signature Line for Responsible Adult
- Signature Line for Authorized Representative
- Case Identifier
- Case Program Eligibility Period (Cerification Period)
- Case Program Benefit Period
- Allotment Amount
- County of Responsibility

An identification card would be generated monthly for each household eligible for an allotment for the month. Cards would not be system generated, however, for cases whose Food Stamp allotments were provided at the county offices as expedited services benefits and/or as retroactive benefits. The counties would generate Household Identification Cards for these cases. The system generated cards would be mailed with the corresponding Letters of Notification that have been defined to advise assistance program recipients of the benefits they are to receive.

MIMS Warrants. The purpose of MIMS warrant issuance is to provide AFDC and IRA Progarm participants with warrants reflecting complete or partial payments of benefits due, and to provide counties with reimbursements for advances made to recipients for AFDC and IRA benefits and/or for Medicaid medical travel advances. The AFDC and IRA warrants could reflect regular, supplemental, retroactive and/or adjustment benefits due. They would reflect any day care benefits due as

Incurrment was first established. These letters should serve as reminders for the recipients (or Responsible Adults) to advise the county office of all medical expenses as they occur, and would provide a form to facilitate this reporting.

The informational requirements consist of:

- Case Zip Code
- Case Name (or Responsible Adult)
- Case Address
- Case Identifier
- Medically Needy Incurrment
- Medically Needy Incurrment Remaining
- Date By Which Incurrment Must Be Met

Each letter issued would have two pages. The informational requirements just defined would be provided on the first page.

The second page would be returned upon completion to the county office. It would consist of columnar headings as follows:

- Date of Care
- Client Receiving Care
- Name of Care Provider
- Cost of Care

Additional informational requirements consist of:

- Report Period
- Case Identifier
- County of Application - Office Name
- County of Application - Office Address

The letters would be generated monthly, as required. The letters should be generated in sequence by Case Identifier within Case Name within Case Zip Code. Window envelopes should be used for mailing.

A Letter of Notification should be generated per case as required. Each letter should include verbage explaining the EPSDT Program, the Family Planning Program, and the client's right to a Fair Hearing.

For Cases participating in the Medically Needy Program and having an Incurrment Amount, an additional page will be provided to allow case members to record medical expenses. (This additional page would need to be returned to the appropriate county office.)

The informational requirements for the additional page consist of columnar headings as follows:

- Date of Care
- Client Receiving Care
- Name of Care Provider
- Cost of Care

Additional informational requirements for all letters consist of:

- Report Period
- Case Identifier
- County of Application - Office Name
- County of Application - Office Address
- County of Application - Office Telephone Number

The letters should be generated in sequence by Case Identifier within Case Name within Case Zip Code. Window envelopes should be used for mailing. Pre-addressed return envelopes would be provided for cases participating in the Medically Needy Program and having an Incurrment Amount.

Subsequent Letters of Notification for Medically Needy Incurrment Status Reporting. The purpose of these letters is to notify recipients (or Responsible Adults) of pending Medicaid benefit eligibility based on the Medically Needy Incurrment Remaining and the Date By Which Incurrment Must Be Met. The letter would be issued twice, approximately one and two months after the Medically Needy

Notification

Letter of Notification. The purpose of these letters is to advise the AFDC, IRA, Food Stamp and/or Medicaid applicants and clients of: their eligibility dates or periods and associated benefit amounts for each program; their ineligibility for program participation; and/or the need for information and/or verification of information on which to base eligibility determination for program participation.

The informational requirements consist of:

- Case Zip Code
- Case Name
- Responsible Adult
- Case Address
- Case Identifier
- Case Categories of Assistance
- For Each Case Program Type Indicated:
  - Case Program Type
  - Case Program Benefit Period
  - Case Program Benefit Amount (except when Medicaid)
  - When Medically Needy Case with Incurrment
    - .. Medically Needy Incurrment Amount
    - .. Medically Needy Incurrment Remaining
    - .. Date By Which Incurrment Must be Met
- For Each Case Program Action:
  - Date of Case Action
  - Type of Case Action
  - Reason for Case Action
  - CFR Statute
  - ARM Code
  - Client's Verified or Temporary Social Security Number
  - Client's Name

and then to the ET responsible for resolving any discrepancies. A complete copy of the report should be made available to the Program Integrity Bureau.

Nursing Home Resources Requests. The purpose of this report is to request personal account information on Medicaid recipients residing in nursing home facilities. The report would be sent quarterly to each facility and each facility would need to provide the requested information within thirty days after the report was received. The information would be used by county personnel to monitor recipient resources and to assist recipients in maintaining continuing program eligibility.

The informational requirements consist of:

Outgoing:

- Report Date
- Name of Facility
- Provider Number
- Client's Name
- Client's Social Security Number
- Client's Cummulative Personal Account Amount

Incoming:

- Resource Information:
  - Client's Cummulative Personal Account Amount

The reports would be generated in sequence by Client's Name within Provider Number and distributed to the Nursing Home Facilities. Upon completion, the reports would be returned to the Data Processing Bureau where the information would be entered into the system. The return of this information would be monitored by the Economic Assistance Division, so that the facilities that failed to respond could be reminded to do so.

and then to the ET responsible for resolving any discrepancies. A complete copy of the report should be made available to the Program Integrity Bureau.

Quarterly Comparison of MIMS Reported Gross Earnings and Employment Security Division (ESD) Wages Paid. The purpose of this report is to provide a basis for the manual comparison of MIMS gross earnings information for AFDC, IRA, Food Stamp, Medicaid, General Assistance, Emergency Assistance and/or County Medical Program clients against wages paid information maintained on these clients by the Employment Security Division.

The informational requirements consist of:

- Reporting Period (Quarter)
- County of Application
- Position Number
- Client's Name
- Client's Verified Social Security Number
- Case Identifier*
- Case Name*
- Client Categories of Assistance
- Client's Reported Gross Earnings (Monthly figures for each month within the appropriate quarter)
- Client's Total Reported Gross Earnings for the Quarter
- ESD Recipient's Name
- ESD Reported Wage Amount**
- ESD Reported Employer**

* Multiple Case Names and Identifiers should be provided if the client is participating in multiple assistance cases.

** Multiple occurrences of this informtion may be required.

The sequence of the report should be Client's Verified Social Security Number within Client's Name within (ET) Position Number within County of Application. This sequence should facilitate report distribution to the county Welfare Offices

Monthly Unearned Income Report. The purpose of this report is to provide the basis for the manual comparison of Workers' Compensation and/or Unemployment Compensation benefits as reported by AFDC, IRA, Food Stamp, Medicaid, General Assistance, Emergency Assistance and/or County Medical Program clients. Benefits recorded by the Department of Labor and Industry would be reported for each match made on Client Social Security Number when comparing Workers' Compensation and Unemployment Compensation information with MIMS information. Only active and pending MIMS case information would be reported.

The informational requirements consist of:

- Report Date
- Month of Eligibility
- County of Application
- Position Number
- Client's Name
- Client's Verified Social Security Number
- Case Identifier*
- Case Name*
- Client Categories of Assistance
- Client's Reported WC Benefit
- Client's Reported UC Benefit
- WC Recipient's Name
- WC Benefit Category
- WC Benefit Amount
- UC Recipient's Name
- UC Benefit Category
- UC Benefit Amount

* Multiple Case Names and Identifiers should be provided if the Client is participating in multiple assistance cases.

The sequence of the report should be Client's Verified Social Security Number within Client's Name within (ET) Position Number within County of Application. This sequence should facilitate report distribution to the County Welfare Offices

- Railroad Retirement Status Code
- Black Lung Entitlement Status
- Beneficiary's Own Social Security Number
- Dual Entitlement Indicator
- Date of Disability Onset

Additional informational requirements, that would need to be provided only when discrepancies were identified between MIMS and BENDEX information, consist of the following items. This information would be provided using MIMS. Only discrepant information should be listed.

- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Date of Birth
- Social Security (As compared to Monthly Benefit Payable)
- Social Security Number
- SSI Entitlement Date (Only if SSI Indicator = N)
- SSI Termination Date (Only if SSI Indicator = Y)
- Date of Initial Entitlement to SMI (As compared to the SMI Entitlement Date)
- SMI Termination Date
- Date of Entitlement to HI
- HI Termination Date
- Date Disability Established (As compared to Date of Disability Onset)

The report should be prepared approximately monthly, on receipt of the SSA BENDEX File. It should be generated in sequence by SSA Recipient's Name within Position Number within County of Responsibility. It should be noted that there may be multiple entries of information per a given recipient. These entries may be identified by multiple Social Security Claim Numbers. Only benefit entries with a Payment Status Code of "CP", would indicate that a regular SSA benefit was certified for payment, and only these records should be compared to identify system discrepancies. Any items reported, that had not been assigned to an E.T., should be reported at the county level. Report distribution should be in hard-copy format.

for each member of their caseload, and to identify any discrepancies between MIMS and BENDEX information. BENDEX information would be provided for the State, by the SSA, whenever the status of the information was changed as a result of either State or federal updating. A communication code would be provided by SSA to help the State analyze records undergoing change.

The informational requirements for the SSA benefit records consist of:

- Report Date
- County of Responsibility
- Position Number
- SSA Recipient's Name
- Case Identifier (if applicable)
- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Date of Birth
- Proof of Date of Birth
- Payment Status Code
- Monthly Benefit Payable
- Initial Date of Entitlement
- Record Source Code
- Category Code
- State Control Data
- Old BIC
- Social Security Number
- Communication Code
- SSI Indicator
- Supplemental Medical Insurance (SMI) Option Code
- SMI Entitlement Date
- SMI Premium Payer
- SMI Termination Date
- Hospital Insurance (HI) Option Code
- HI Entitlement Date
- HI Termination Date
- State and County Code

- Monthly Benefit Payable
- Initial Date of Entitlement
- Record Source Code
- Category Code
- State Control Data
- Old BIC
- Communication Code
- SSI Indicator
- Supplemental Medical Insurance (SMI) Option Code
- SMI Entitlement Date
- SMI Premium Amount
- SMI Premium Payer
- SMI Termination Date
- Hospital Insurance (HI) Option Code
- HI Entitlement Date
- HI Premium Amount
- HI Termination Date
- State and County Code
- Railroad Retirement Status Code
- Black Lung Entitlement Status
- Beneficiary's Own Social Security Number
- Dual Entitlement Indicator
- Date of Disability Onset

The report should be generated monthly on receipt of the regular monthly benefit file that would be sent to the State by the Social Security Administration. The report should be distributed in hard-copy format and on microfiche to the Eligibility Policy Bureau. It should also be distributed to the counties on microfiche.

It should be noted that the report generated in July of each year would reflect all benefit exchange items active at that time. Subsequent monthly reports would only reflect new and changed benefit items.

BENDEX Reconciliation Report - Monthly. The purpose of this report is to provide each Eligibility Technician with the most current SSA benefit information reported

(deletes); and persons whose Categories of Assistance, Social Security Number, Social Security Claim Number, or County of Responsibility have changed (alterations). The report would reflect the information sent to the SSA on magnetic media to update the State's requests for benefit information.

The informational requirements consist of:

- Client's Social Security Number
  OR
- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Client's Name
- Sex
- Date of Birth
- Agency Code (270)
- Category Code
- State Communications Code
- State Control Data
  - Client's Social Security Number
  - County of Responsibility

State BENDEX Fiche - Alpha (Monthly). The purpose of this report is to provide a complete monthly reference source for Social Security benefit information. The listing would be in alphabetical sequence and would show all monthly BENDEX exchange records.

The informational requirements consist of:

- SSA Recipient's Name
- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Date of Birth
- Proof of Date of Birth
- Sex
- Payment Status Code

The report should be generated monthly on receipt of the SSA Billing Information, and it should be in sequence by Transaction Code within Transaction Date within State Identification Number within Buy-in Recipient's Name.

The informational requirements consist of:

- Report Date
- Client's Name
- Buy-In Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- State Identification Number
- Buy-In Sex Code
- Date of Birth
- Buy-In Eligibility Code
- Buy-In Premium Owed
- Buy-In Premium Credited
- Transaction Date
- Transaction Code
- Remarks
- Case Identifier
- Position Number
- County of Application

State-wide totals should be accumulated per Transaction Code. Totals should also be provided reflecting the numbers of recipients and the premium amounts in money payment cases and in non-money payment cases.

This information should be provided in hard-copy format for the Buy-in clerk and on microfiche for county distribution.

BENDEX Accretes, Deletes and Alterations Report. The purpose of this report is to identify for the Economic Assistance Division, information sent to the Social Security Administration (SSA) on new recipients of AFDC, SSI, IRA, Medically Needy, Medical Assistance Only (MAO), and Food Stamp-only Program benefits (accretes); persons no longer eligible to receive benefits from these programs

- Transaction Date
- State Identification Number
  - Client's Social Security Number
  - County of Responsibility

* May be pseudo claim number derived from Railroad Retirement Claim number. May be Health Insurance translation of claim number used by SSA.

The report would reflect State and county initiated activities.

Buy-In Billing and Reconciliation Report - Monthly. The purpose of this report is to provide the Buy-in clerk with Buy-in premium billing information; acknowledgement of the State's accretions, deletions and alterations (from the previous month); claim number corrections; and SSA-initiated SSI accretions and deletions. The report would provide a Buy-in reference source for the county offices, and would serve as a working document for reconciling the SSA and State (Buy-in) activities reflected on SSA's Third Party Master.

NOTE: By virtue of the State's Buy-in, the State will pay the insurance premium for Medicare, Part B coverage for:

1. Persons over 65 years of age who receive AFDC or SSI or who would be eligible to receive AFDC or SSI and choose not to;
2. Persons under 65 years of age who have received Title II Social Security disability benefits for a period of two consecutive years and who receive or would be eligible to to receive SSI or AFDC;
3. Persons under 65 years of age who receive SSI or AFDC and who are eligible for Medicare, Part A by virtue of having chronic renal disease; and
4. Persons who fit the above categories but whose income exceeds the AFDC or SSI standards that are elgible for the Medically Needy program, either with or without an incurrment.

Federal Financial Participation in the Buy-in premium costs is available to states in the same ratio that applies to other medical expenditures. This applies to those individuals in groups 1-3. Individuals in group 4 would have 100% of the premium cost paid by the State.

Foster Care Trust Information - Inquiry. The purpose of this screen is to display, for the county Welfare Offices, unearned income information on foster care recipients. The information would be used by the ET's in determining the continuing eligibility for Foster Care related (AFDC and CWS) Medicaid benefits.

The informational requirements consist of:

- Client Social Security Number (supplied by the inquirer)
- Name of Foster Care Recipient
- Date of Birth of Foster Care Recipient
- Foster Care Trust Account Balance

The inquiry should be initiated into the Foster Care Trust Account System using Client Social Security Numbers.

Buy-In Accretes, Deletes and Alterations Report. The purpose of this report is to identify for the Buy-in clerk, information sent to the Social Security Administration (SSA) on Buy-in eligibles, Buy-in recipients (or eligibles) whose death had been reported, and Buy-in recipients that were no longer eligible for state-paid premiums. It would also identify changes in information maintained on Buy-in recipients. The report would reflect the information sent on magnetic media to update the SSA Third Party Master. The report should be generated on a monthly basis.

The informational requirements consist of:

- Report Date
- Buy-in Social Security Claim Number (CAN), also referred to as Medicare Claim Number*
- Buy-in Recipient's Name
- Buy-in Sex Code
- Date of Birth
- Agency Code
- Buy-in Eligibility Code
- Transaction Code

- Sex
- Date of Birth

. SSA Information
- Client's Name
- Client's Verified Social Security Number
- Sex
- Date of Birth

The report should be generated in sequence by Client's Name. It would be distributed to the Management Operations Bureau for resolution.

Foster Care Status Report - Monthly. The purpose of this report is to provide the county Welfare Offices with a list of Foster Care Cases that are open on MIMS and closed on the Foster Care Payment System. (These cases would need to be closed on MIMS as the recipients would no longer be eligible for the Foster Care related Medicaid benefits.) The report should also provide identification of Foster Care recipients reporting a change in address.

The informational requirements consist of:

. Report Date
. County of Application
. Position Number
. County of Responsibility
. Case Identifier
. Case Name
. Case Address
. Client Social Security Number
. Client Name
. Date Foster Care Case Closed
. Foster Care Case Address (to be reported only when changed)

The report should be generated on a monthly basis and distributed to the Economic Assistance Division and to the counties. It should be in sequence by Client Social Security Number within Case Identifier within Position Number within County of Application.

- Client's Name
- Client's Date of Birth
- Client's Temporary Social Security Number
- Client Categories of Assistance

* Multiple Case Names and Identifiers should be provided if the client is participating in multiple assistance cases.

The sequence of the report should be Client's Temporary Social Security Number within Case Identifier within Position Number within County of Application. This sequence should facilitate the distribution of reports to the county Welfare Offices and then to the (ET) Position Number to which the cases are assigned.

The report should be distributed in hardcopy format on a quarterly basis.

Enumeration Error Report. The purpose of this report is to provide identification of information recorded on the Enumeration Verification File (provided by the Social Security Administration) that does not match information maintained in MIMS. The report should identify discrepancies in the Client Temporary Social Security Number, Client Reported Social Security Numbers, Client Names, Sex, or Date of Birth. These discrepancies might relate to errors made by county personnel when they recorded information in MIMS or on the Application for Social Security Number Form (SS-5) cards that they sent to the Social Security Administration, or errors made by the Social Security Administration when they captured the county information. The report should be generated monthly on receipt of the Enumeration Verification File.

The informational requirements consist of:

- Report Date
- MIMS Information:
  - Client's Temporary Social Security Number
  - Client's Reported Social Security Number
  - Client's Name

- Client's Verified Social Security Number
- Client Categories of Assistance
- Client's SSA Name
- Client's SSA Date of Birth

* Multiple Case Names and Identifiers should be provided if the client is participating in multiple assistance cases.

The sequence of the report should be Client's Reported or Temporary Social Security Number within Case Identifier within Position Number within County of Application.

This sequence should facilitate the distribution of reports to the county Welfare Offices and then to the (ET) Position Number to which the cases are assigned.

Temporary Social Security Number Report. The purpose of this report is to identify, for the county Welfare Offices, the assistance program clients that have been assigned Temporary Social Security Numbers and assistance program clients without Verified Social Security Numbers. The report should serve as a follow-up reminder for obtaining Verified Social Security Numbers. (The report should list IRA and MAO clients but these clients would not require follow-up.) The report should not include identification of recipients who receive only General Assistance, Emergency Assistance or County Medical Program benefits.

The informational requirements consist of:

- Report Date
- County of Application
- Position Number
- Case Identifier*
- Case Name*
- Date of Case Opening
- Date Case Pended
- Date of Case Closure

- SSI Net Countable Unearned Income Amount
- Deemed Income Amount
- Earned Income Wage Estimate
- Net Self Employment Income Estimate
- Resource Code-House
- Resource Code-Vehicle
- Resource Code-Life Insurance
- Resource Code-Income Producing Property
- Resource Code-Other

The report should be generated in alphabetical sequence on SSI Recipient's Name.

Verified Social Security Number Report. The purpose of this report is to provide the county Welfare Offices with the verified Social Security Number assignments for assistance program clients who were initially assigned Temporary Social Security Numbers (T-Numbers) or who had reported invalid Social Security Numbers. It should also provide identification of assistance program clients with discrepancies in Client's Name and/or Client's Date of Birth as recorded in MIMS when compared to Social Security Administration information. It should be generated on a monthly basis, on receipt of the Enumeration Tape from the Social Security Administration. The report should serve as a reminder for the counties to update their case files. Verified Social Security Numbers may be reported for AFDC, IRA, Food Stamp and/or Medicaid clients.

The informational requirements consist of:

- Report Date
- County of Application
- Position Number
- Case Identifier*
- Case Name*
- Client's Name
- Client's Date of Birth
- Client's Reported Social Security Number
- Client's Temporary Social Security Number

- Type of Last Transaction
- Recipient's Social Security Number
- Recipient's Claim Account Number
- Sex Code
- SSI Living Arrangement Code
- Marital Status
- Record Identification Code
- Third Party Insurance Indicator
- Retroactive Medicaid Indicator
- Medicaid Eligibility Code
- Essential Person Indicator
- Race Code
- Transaction Code
- Disability Payment Code
- Date of Birth
- Date of Application
- Current SSI/SS Eligibility Date
- Medicaid Effective Date
- Record Processing Date
- Date of Death
- Date of Denial
- Onset of Disability/Blindness
- Date of Last Transaction
- Unearned Income Information by Type: (occurs as many as nine times)
  - Unearned Income Type Code
  - Unearned Income Start Date
  - Unearned Income Stop Date
  - Unearned Income Amount
  - Unearned Income Frequency
  - Unearned Income Claim/Identification Number
  - Unearned Income Validation Code
- SSI Monthly Assistance Amount
- Current State Supplement Amount
- Advance Payment
- SSI Net Countable Earned Income Amount

- Earned Income Wage Estimate
- Net Self Employment Income Estimate
- Resource Code-House
- Resource Code-Vehicle
- Resource Code-Life Insurance
- Resource Code-Income Producing Property
- Resource Code-Other

The report should be generated in sequence by Recipient's Name within County of Responsibility. It should be distributed, in hard copy format, to the Economic Assistance Division and to the counties.

Monthly SDX Fiche. The purpose of this report is to provide the Economic Assistance Division and the counties with information on SSI recipients who had received a benefit payment for the current month. The report should be generated on microfiche, upon receipt of the Monthly SDX Treasury File (from the Social Security Administration).

The informational requirements consist of:

- Report Date
- County of Responsibility (as derived from the State and County Code of Jurisdiction)
- Recipient's Name
- Recipient's Residence Address
- Residence Zip Code
- Payee's Name
- Payee's Address
- Payee Zip Code
- Master File Type Code
- Payment Status Code
- Record Source Code
- Denial Code
- Optional State Supplement Code
- State and County Code of Jurisdiction

- Recipient's Claim Account Number
- Sex Code
- SSI Living Arrangement Code
- Marital Status
- Record Identification Code
- Third Party Insurance Indicator
- Retroactive Medicaid Indicator
- Medicaid Eligibility Code
- Essential Person Indicator
- Race Code
- Transaction Code
- Disability Payment Code
- Date of Birth
- Date of Application
- Current SSI/SS Eligibility Date
- Medicaid Effective Date
- Record Processing Date
- Date of Death
- Date of Denial
- Onset of Disability/Blindness
- Date of Last Transaction
- Unearned Income Information by Type: (occurs as many as nine times)
  - Unearned Income Type Code
  - Unearned Income Start Date
  - Unearned Income Stop Date
  - Unearned Income Amount
  - Unearned Income Frequency
  - Unearned Income Claim/Identification Number
  - Unearned Income Validation Code
- SSI Monthly Assistance Amount
- Current State Supplement Amount
- Advance Payment
- SSI Net Countable Earned Income Amount
- SSI Net Countable Unearned Income Amount
- Deemed Income Amount

- Resource Code - House
- Resource Code - Vehicle
- Resource Code - Life Insurance
- Resource Code - Income Producing Property
- Resource Code - Other

The report should be generated in July of each year, on receipt of the LEADS File from the Social Security Adminstration. The report should be generated in sequence by SSI Recipient's Name within County of Application.

Monthly Listing of SSI Recipients Receiving State Supplementation. The purpose of this report would be to provide the Management Operations Bureau and counties with a monthly list of all SSI recipients who were also receiving State Supplementation. The report should be generated upon receipt of the Monthly SDX Treasury File (from the Social Security Administration).

The informational requirements consist of:

- Report Date
- County of Responsibility (as derived from the State and County Code of Jurisdication)
- Recipient's Name
- Recipient's Residence Address
- Residence Zip Code
- Payee's Name
- Payee's Address
- Payee Zip Code
- Master File Type Code
- Payment Status Code
- Record Source Code
- Denial Code
- Optional State Supplement Code
- State and County Code of Jurisdication
- Type of Last Transaction
- Recipient's Social Security Number

recipients whose Title II benefits had increased due to cost-of-living adjustments. The increased benefits would have resulted in SSI closure, but would not necessarily cause termination of Medicaid Program participation. A limited amount of MIMS information would also be provided on this report.

The informational requirements consist of:

- Report Date
- County of Responsibility (as derived from the State and County Code of Jurisdiction)
- County of Application (as derived from the State and County Code of Jurisdiction and the SSI Living Arrangement Code)
- Position Number (if recipient is participating in active MIMS case)
- SSI Recipient's Name
- SSI Recipient's Residence Address
- SSI Recipient's Social Security Number
- Client's Current Social Security Number (if applicable)
- MIMS Case Identifier (if applicable)
- SSI Recipient's Claim Account Number
- (MIMS) Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Master File Type Code
- Payment Status Code (NO1)
- Denial Code
- Date of Denial
- Unearned Income Information: by Type (occurs as many as nine times)
  - Unearned Income Type Code
  - Unearned Income Start Date
  - Unearned Income Stop Date
  - Unearned Income Amount
  - Unearned Income Frequency
  - Unearned Income Claim/Identification Number
  - Unearned Income Validation Code
- SSI Net Countable Earned Income Amount
- SSI Net Countable Unearned Income Amount

The report should be generated in sequence by SSI Recipient's Name within SSI Payment Status Code within County of Application.

EA-1F (Request for Additional Information from SSI Recipients). The purpose of this report is to provide each new SSI recipient with a form to be used to report information required for participation in the Medicaid Program. The forms should be generated, as required, on receipt of the SDX Weekly Update File (from the Social Security Administration).

Each SSI opening would initiate generation of an EA-1F. This form is pre-printed, and would need to be completed by the named SSI recipient before being returned to the county office identified.

The outgoing informational requirements consist of:

- Report Period
- SSI Recipient's Name
- SSI Recipient's Residence Address
- SSI Residence Zip Code
- SSI Recipient's Social Security Number
- SSI Recipient's Claim Account Number
- SSI Recipient's Date of Birth
- SSI Master File Type Code
- Return Address Information:
  - County of Application Code
  - County of Application - Office Name
  - County of Application - Office Address

The forms should be generated in sequence by SSI Recipient's Name within SSI Residence Zip Code. Window envelopes should be used for mailing, and pre-addressed return envelopes should be provided. (The address on the return envelope would correspond to the Return Address indicated on the form.)

Annual LEADS Report. The purpose of this report is to provide the Economic Assistance Division and the counties with an annual reference listing of SSI

- Unearned Income Information By Type: (occurs as many as nine times)
  - .. Unearned Income Type Code
  - .. Unearned Income Start Date
  - .. Unearned Income Stop Date
  - .. Unearned Income Amount
  - .. Unearned Income Frequency
  - .. Unearned Income Claim/Identification Number
  - .. Unearned Income Validation Code
- SSI Net Countable Earned Income Amount
- SSI Net Countable Unearned Income Amount
- Resource Code - House
- Resource Code - Life Insurance
- Resource Code - Income Producing Property
- Resource Code - Other

. For SSI Closures:

- Denial Code
- Date of Denial
- Date of Death
- Unearned Income Information By Type (occurs as many as nine times)
  - .. Unearned Income Type Code
  - .. Unearned Income Start Date
  - .. Unearned Income Stop Date
  - .. Unearned Income Amount
  - .. Unearned Income Frequency
  - .. Unearned Income Claim/Identification Number
  - .. Unearned Income Validation Code
- SSI Net Countable Earned Income Amount
- SSI Net Countable Unearned Income Amount
- Resource Code - House
- Resource Code - Vehicle
- Resource Code - Life Insurance
- Resouce Code - Income Producing Property
- Resource Code - Other

The informational requirements consist of:

- Report Date
- County of Responsibility (as derived from State and County Code of Jurisdiction)
- County of Application (as derived from State and County Code of Jurisdiction in conjunction with SSI Living Arrangement Code)
- Position Number (if SSI recipient active in established MIMS case)
- SSI Payment Status Code
- SSI Transaction Code
- SSI Recipient's Name
- SSI Recipient's Social Security Number
- Client's Current Social Security Number (as recorded on MIMS)
- Client Categories of Assistance (if SSI recipient active in established MIMS Case)
- Case Identifier (if SSI recipient active in established MIMS Case)
- SSI Recipient's Residence Address
- SSI Residence Zip Code
- SSI Recipient's Living Arrangement Code
- SSI Recipient's CAN, also referred to as Medicare Claim Number
- Social Security Claim Number (CAN), also referred to as Medicare Claim Number (as recorded in MIMS)
- SSI Master File Type Code
- For SSI Openings:
  - SSI Recipient's Date of Birth
  - Date of Application
  - SSI Effective Date
  - Medicaid Effective Date
  - Retroactive Medicaid Indicator
  - Food Stamp Interview
  - Food Stamp Recipient
  - Food Stamp Request
  - SSI Monthly Assistance Amount
  - Current State Supplement Amount
  - Advance Payment

- Report Date
- County of Application
- Position Number
- Client's Name
- Client's Social Security Number
- Case Identifier
- Case Program Open Date (AFDC)
- Current SSI/SS Eligibility Date
- SSI Monthly Assistance Amount
- Current State Supplement Amount

The sequence of the report should be Client's Social Security Number within Client's Name within Position Number within County of Application. The report should be distributed to the Economic Assistance Division and to the counties.

Weekly SSI Openings and Closures Report. The purpose of this report is to notify the Field Services Bureau and the county welfare offices of all SSI openings and closures. The report should identify all SSI eligibles, who may be eligible for Medicaid; all SSI closures, who may be continued for Medicaid because SSI was terminated due to the Title II cost-of-living benefit increase; and all other SSI closures, whose participation in the Medicaid Program has been terminated.

The report should be generated on receipt of the Weekly SDX Update File. SSI eligibles would be identified on this file by Payment Status Codes equal to C01 or by Payment Status Codes equal to M01 and a dollar amount greater than zero indicated as the SSI Monthly Assistance Amount or as the Current State Supplement Amount. SSI closures, due to Title II benefit increase, would be identified on this file by Payment Status Codes equal to N01. Other SSI closures would be identified on the file by Payment Status Codes equal to NXX, SXX or T01 or a Transaction Code equal to 05.

The report would also provide additional information on other program involvement if the SSI recipient were known to MIMS. This information would be useful in assisting the E.T. with the determination of possible impact of the SSI Program benefits on other program benefit levels.

.. Monthly Allotment to Spouse/Family
.. Amount of Client Resource Reported (Excluding Personal Account)**
.. Percentage to be applied to Client Resource Reported**
.. Cummulative Client Personal Account***
.. Total Client Resource Amount

* Client Restrictions would consist of the identification of medical service providers that would be allowed to be used by the Medicaid card holder.

** Allow three occurrences of this information.

*** To be input at the state level on a quarterly basis when the information is provided by Nursing Homes.

It should be noted, that verification requirement indicators should also be provided for specific items of information at both the Case and the Client levels. The report should be generated in sequence by Case Identifier within Position Number within County of Application. Additionally, the client information should begin with the applicant's information with the additional client information sequenced by Client Name. The report would be distributed to the county Welfare Offices and then to the E.T. to whom the case was assigned. Report distribution would follow each system update processing cycle.

Determination, Verification and Documentation

AFDC Recipients Reported to Have SSI Income. The purpose of this monthly report is to provide the Economic Assistance Division and the county offices with the identification of AFDC recipients who also appear to be receiving SSI benefits. It would be based on the comparison of the monthly SDX Treasury File and the MIMS file.

The informational requirements consist of:

-- Open
-- Close
-- Pend
-- Deny
-- Reinstate
-- Continue

.. Client Program Date of Original Eligibility Determination
.. Client Program Eligibility Period (Medically Needy Only)
.. Client Program Retroactive Eligibility Periods** (Medicaid Only)
.. Client One Day Authorization Date
.. Client One Day Authorization Amount
.. Client Program Open Date
.. Client Program Pending Date
.. Client Program Closure Date
.. Client Reason for Closure or Denial

- Budget Information:
  .. Monthly Earned Income Amount (To be verified)
  .. Month to which Earned Income Applies
  .. Monthly Unearned Income Amount(s):
     -- Social Security
     -- Supplemental Security Income
     -- Veteran's Administration
     -- Worker's Compensation
     -- Unemployment Compensation
     -- Railroad Retirement Benefits
     -- Indian/Tribal
     -- Other
  .. Amount of Real and Personal Property
- Nursing Home Authorization Information:
  .. Nursing Home Facility Name
  .. Provider Number
  .. Monthly Allotment to Facility**
  .. Date Allotment Available**

- Employment Status
- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Railroad Retirement Number
- Indian Enrollment Number
- EPSDT Information:
  .. Date of Eligibility
  .. Date of EPSDT Request
  .. Date of EPSDT Refusal
- Hospital Insurance (HI) Information (Medicare Part - A):
  .. Date of Entitlement to HI
  .. HI Termination Date
- Supplemental Medical Insurance (SMI) Information (Medicare Part -B):
  .. Buy-in Status Indicator:
    -- Accrete
    -- Delete
  .. SMI Method of Payment:
    -- Client Responsibility
    -- State Responsibility
  .. Date of Initial Entitlement to SMI
  .. SMI Termination Date
  .. Date of Entitlement to Buy-In
  .. Date of Termination from Buy-In
- Supplemental Security Income (SSI) Information:
  .. SSI Entitlement Date
  .. SSI Termination Date
- Date Disability Established
- Third Party Liability Information:
  .. Social Security Number(s) of Insurance Policy Holder(s)
- Client Restrictions* (Medicaid Only)
- For Each Client Program Type Indicated:
  .. Client Program Type
  .. Client Program Status

... Denomination of Coupons
... Number of Coupon Books
-- Date of Issuance

. Client(s) Information: (Including Applicant Identification which would be provided first.)

- Client's Current (Verified or Temporary) Social Security Number
- Date Social Security Number Verified
- Client's Previous (Verified or Temporary) Social Security Number
- Client's Name
- Client Categories of Assistance
- Alternate Case Information:
  .. Case Identifier
  .. Client Categories of Assistance
- Client Action
  .. Add
  .. Continue/Change
  .. Remove
- Essential Person Indicator
- Relationship Code (AFDC only)
- Adult or Child Indicator
- Student Status
- Level of Education
- Citizenship
- Date of Entrance to United States (if Indochinese, only)
- Sex Code (would also be used to identify unborn)
- Marital Status
- Date of Birth
- Date of Death
- Deprivation Reason
- Custody Date (Use only when Foster Care)
- WIN Status
- WIN Reason
- Child Support Amount
- Day Care (IVA) Amount

... Amount of Vendor Payment(s) (reduction)
... Recovery Amount (reduction)
... Repayment Account Identifier
... Total Benefit Payable (Benefit Issuance Amount less Amount of Vendor Payment(s) and Recovery Amount)
... County Advance Amount
... County Advance Check Serial Number
... Date Check Issued
... Balance of Benefits Due Recipient

-- Month-To-Date: (including above issuance information)
... Total Month-To-Date Benefit Amount (To include regular, partial month, supplemental, retroactive and/or adjustment benefit amounts)
... Total Month-To-Date Vendor Payment Amount
... Total Month-To-Date Recovery Amount
... Total Month-To-Date Benefit Payable Amount
... Total Month-To-Date County Advance Amount
... Total Month-To-Date System Issuance Amount

.. For AFDC or IRA Program Replacement Issuance:
-- Replacement Benefit Issuance Amount
-- Replacement Benefit Period
-- Date Original Warrant Cancelled
-- Original Warrant Sequence Number
-- County Advance Check Serial Number
-- Date Check Issued

.. For Medicaid Medical Travel Issuance:
-- Medical Travel Advance Amount
-- Social Security Number of Travel Advance Recipient
-- Travel Advance Check Serial Number
-- Date Check Issued

.. For Expedited Food Coupon Issuance:
-- Expedited Allotment Amount
-- Per Type of Coupon

-- Shelter Deduction (Total Shelter Expense less One-half Sub-Total)
-- Total Food Stamp Income (Sub-Total less Shelter Deduction, which is Translatable into Coupon Allotment)
-- Food Stamp Coupon Allotment
-- Supplemental Allotment (if applicable)
-- Supplemental Benefit Period (if applicable)
-- Retroactive Allotment (if applicable)
-- Retroactive Benefit Period (if applicable)
-- Restored Allotment (if applicable)
-- Restored Benefit Period (if applicable)
-- Recovery Amount (if applicable, i.e. only for Cases with Restored Benefits)
-- Repayment Account Identifier
-- Adjusted Restored Allotment
-- Total Allotment

- Resource Amount For Each Case Program Type Indicated (except AFDC)
  .. Case Program Type
  .. Total Resource Amount
- Cummulative Personal Account (Medicaid Program Only)
- Total Case Resource Amount (Medicaid Program Only)
- Case Participation For Each Case Program Type Indicated: (System Generated)
  .. Case Program Type
  .. Case Program Status
  .. Client's Name(s)
  .. Alternate Case Identifier
- Issuance Information:
  .. For AFDC or IRA Program Issuance:
     -- For This Processing Cycle:
        ... Total Benefit Issuance Amount (To include regular, partial month, supplemental, retroactive and/or adjustment benefits due)

-- Basic Requirement (133 1/3% of AFDC Standard)
-- Medically Needy Income Level
-- Medically Needy Amount Incurred:
... Medical Expenses Incurred
... Insurance Premiums Incurred
-- Medically Needy Incurrment Remaining
-- Date By Which Incurrment Must be Met

.. When Food Stamp Program Assitance Indicated:
-- Gross Earned Income
-- Mandatory Deductions (twenty percent reduction; to include work expenses)
-- Countable Earned Income
-- Unearned Income:
... AFDC/IRA Benefit Amount
... General Assistance Benefit Amount
... Social Security
... Supplemental Security Income
... Veteran's Administration
... Worker's Compensation
... Unemployment Compensation
... Railroad Retirement
... Indian/Tribal
... Other
-- Total Unearned Income
-- Net Total Income
-- Standard Deduction (Eighty-five dollars)
-- Remainder (Net Total Income less Standard Deduction)
-- Medical (reduction, if applicable)
-- Day Care (reduction)
-- Sub-Total
-- One-half of Sub-Total
-- Rent or Mortgage, Taxes and Insurance
-- Total Utility Standard or Actual Utility Cost
-- Total Shelter Expense

... Total Unearned Income
... Current Month's Benefit Amount (must not reflect any reductions or adjustments)
... Total Countable Earned Income, Unearned Income and/or Current Month's Benefit Amount
... Supplemental Benefit Amount (80% Basic Requirement less above total)

.. When Medicaid Program Assistance Indicated: (Medically Needy only)
-- When SSI Deeming Required:
... Family Income (Not to include Applicant income)
... Total Number of Family Members
-- Gross Earned Income (When deeming required, this figure will be the income of the applicant)
-- Disregards and Deductions (Earned Income, as required per AFDC/IRA-related or SSI-related)
-- Mandatory Deductions (AFDC/IRA-related)
-- Business Expenses
-- Work Expenses (AFDC/IRA-related)
-- Unearned Income:
... Social Security
... Supplemental Security Income
... Veteran's Administration
... Worker's Compensation
... Unemployment Compensation
... Railroad Retirement
... Indian/Tribal
... Other
-- Disregards and Deductions (Unearned Income, SSI-related)
-- Income In Kind (SSI-related)
-- Deemed Income (SSI-related)
-- Net Total Income (would include Deemed Income and Other Income)

... Net Earned Income
... Net Prorated Unearned Income
... Net Total Income
... Remaining Basic Requirement (determined by multiplying the daily rate times the number of days remaining in the partial month)
... Grant Amount for Partial Month (Above Remaining Basic Requirement less Net Total Income)

-- For Retroactive Benefit Issuance:
... Retroactive Special Needs Day Care - IVA
... Retroactive Benefit Amount
... Total Retroactive Amount
... Retroactive Benefit Period

-- For Adjusted Benefit Issuance:
... Adjusted Benefit Amount
... Adjusted Benefit Period

-- For Supplemental Benefit Issuance:
... 80% Basic Requirement
... Gross Earned Income
... Deductions
--- Business Expenses
--- Mandatory Deductions
--- Work Expenses:
.... Twenty-five Dollars or Actual Work Expense
.... Day Care (allowed as Work Expense)
.... Transportation
... Countable Earned Income (less deductions)
... Unearned Income:
--- Social Security
--- Veteran's Administration
--- Worker's Compensation
--- Unemployment Compensation
--- Railroad Retirement
--- Indian/Tribal
--- Other

... Total Unearned Income
... Net Total Income
... Basic Requirement
... Special Needs Day Care - IVA (to be included in Grant)
... Boarding School Cost (to be included in Grant)
... Total Basic Requirement, Special Needs Day Care and Boarding School Cost
... Grant Amount (Above Total, Less Net Total Income)

-- For Partial Month Issuance:
... Number of Days Remaining in Partial Month
... Gross Earned Income
... Business Expense
... Unearned Income:
--- Social Security
--- Veteran's Administration
--- Worker's Compensation
--- Unemployment Compensation
--- Railroad Retirement
--- Indian/Tribal
--- Other
... Mandatory Deductions
... Work Expenses:
--- Twenty-five Dollars or Actual Work Expense
--- Day Care (allowed as Work Expense)
--- Transportation
... Prorated Transportation Amount (based on number of work days remaining)
... Prorated Gross Earned Income
... Prorated Business Expense (reduction)
... Prorated Mandatory Deductions (reduction)
... Work Expense: (reductions)
--- Twenty-five Dollars or Actual Work Expense
--- Day Care (allowed as Work Expense)
--- Transportation

-- Date Eligibility Determined
-- Number of Recipients
-- Benefit Amount
-- Inter-state Transient Indicator

- Resource Information
  .. When AFDC Program Assistance Indicated:
    -- Property Resources:
      ... Real
        --- Allowable Reserves
        --- Assignments
      ... Personal
        --- Allowable Reserves
        --- Assignments
- Budget Information: (would reflect month-to-date information)
  .. When AFDC or IRA Program Assistance Indicated:
    -- For Regular Monthly Issuance:
      ... Without Shelter Obligation Indicator
      ... Gross Earned Income
      ... Business Expenses (reduction)
      ... Disregards (reduction)
      ... Mandatory Deductions (reduction)
      ... Work Expenses (reduction)
        --- Twenty-five dollars or Actual Work Expense
        --- Day Care (allowed as a Work Expense)
        --- Transportation
      ... Countable Earned Income
      ... Unearned Income:
        --- Social Security
        --- Veteran's Administration
        --- Workers' Compensation
        --- Unemployment Compensation
        --- Railroad Retirement
        --- Indian/Tribal
        --- Other

.. Case Program Closure Date
.. Case Program Eligibility Period (Medically Needy Only)
.. Medical Effective Date (AFDC and IRA Only)
.. Date of Original Eligibility Determination (Medicaid only)
.. Date of Original Application
.. Reason for Closure or Denial
.. Number of Clients for Medicaid Coverage
.. Number of Clients in Grant
.. Number of Clients in Food Stamp Household
.. Food Stamp System Effective Date
.. Type of Mail Issuance
    -- Direct
    -- County

- Next Eligibility Certification Date/Redetermination Date
- County of Responsibility
- County of Application
- Position Number (Worker Number)
- Last Position Number
- Last Case Identifier (had Case Identifier been incorrectly or temporarily assigned initially)
- Date of Last Transaction
- County Program Information:
  .. When General Assistance Indicated:
      -- Case Program Benefit Period
      -- Number of Recipients
      -- Adult or Family Case Indicator
      -- Transient Indicator
      -- Benefit Amount
  .. When Emergency Assistance Indicated:
      -- Case Program Benefit Period
      -- Number of Recipients - Children
      -- Number of Recipients - Adults
      -- Maintenance Benefit Amount
      -- Medical Benefit Amount
  .. When County Medical Assistance Indicated:

.. Amount Due Under Court Order Monthly
.. Amount Due In Arrearage
.. Absent Parent's Child Support Amount
.. Social Security Number(s) of Child(ren)
.. Name(s) of Child(ren)

. County Encoded Case Information:

- Case Action
  .. Add
  .. Continue
  .. Change
  .. Redetermination
- Case Status
  .. Active
  .. Inactive
- Application Status
  .. Pend
  .. Deny
- Date Received
- County To Receive Case Through Transfer
- Case Categories of Assistance
- AFDC Payment Code
- AFDC Payee Status In Grant
- Medicaid Relationship Type
- For Each AFDC, IRA, Medicaid and/or Food Stamp Case Program Type Indicated:
  .. Case Program Type
  .. Case Program Status
    -- Open
    -- Close
    -- Pend
    -- Deny
    -- Reinstate
    -- Continue
  .. Case Program Open Date
  .. Case Program Pended Date

- Race Indicator
- Reservation Residence Indicator
- Tribal Indicator
- Applicant's Social Security Number (Case Identifier)
- Step-parent Indicator
- Applicant's Living Arrangement
- Elementary School District
- High School District
- Responsible Adult, Guardian, or Protective Payee Indicator
- Name of Responsible Adult, Guardian, or Protective Payee
- Reason for Assignment of Protective Payee or Vendor Payments
- Name of Authorized Representative
- Third Party Liability Information:
  - For Each Source: (multiple occurrences)
    - Social Security Number (or Assigned Number) of Parent or Responsible Adult or Absent Parent
    - Name of Insurance Company
    - Policy Number
    - Certificate Number
    - Group Number
    - Policy Effective Date
- Absent Parent Information:
  - For Each Absent Parent: (multiple occurrences)
    - Social Security Number or Assigned Number of Absent Parent
    - Absent Parent's Name
    - Absent Parent's Address:
      - Street
      - City
      - State
      - Zip Code
    - Absent Parent's Telephone Number
    - Absent Parent's Business Address
    - Absent Parent's Business Telephone Number
    - Duty of Support Indicator
    - Good Cause Status

Turnaround Document - (TAD). The purpose of this document is to provide the county Welfare Offices with a file copy of current case and client information. It would be generated following any update of the case and/or client information, and changed items would be identified by asterisks. The TAD's would be distributed to the county offices.

The informational requirements consist of:

- Transaction Date
- Processing Date
- Sequence Reference Number
- Categories of Assistance Applied For
- Reason for Case Opening
- Name of Applicant or Person For Whom Application Is Being Made (Case Name)
- Mailing Address (Case Address):
  - Street
  - City
  - State
  - Zip Code
  - County
- Case Telephone Number
- Residence Address (if other than Mailing Address):
  - Street
  - City
  - State
  - Zip Code
  - County
- Guardian or Protective Payee Address:
  - Street
  - City
  - State
  - Zip Code
  - County

These options would allow for the retrieval of information on a specific case or client basis if the case or client identifiers were known. It should also be noted that unless the inquirer provides these more restrictive identifiers, the inquiry will show only a limited amount of case and client information for each case or client identified by the name provided.

Repayment Account Inquiry. The purpose of this screen is to display current and delinquent repayment account information maintained by the SRS Accounts Receivable System. The screen would facilitate State and county research of this information whenever the inquirer provided a Client's Name or a Client's Social Security Number.

The informational requirements consist of:

- Client Name
  or — as supplied by the inquirer
- Client's Social Security Number (current or previous)

- Repayment Account Identifier
- Case Name
- Case Identifier
- County of Application
- County of Origin
- Status of Account
- Method of Payment
- Type of Account
- Amount of Repayment Agreement
- Date Repayment Agreement Signed
- Amount of Monthly Repayment Due
- Current Balance Outstanding
- Date Most Recent Payment Received

When the inquirer provides the Client Name or the Client's Social Security Number, all repayment account information relative to that client should be provided.

The informational requirements consist of:

- Name Supplied by Inquirer
- Date of Birth Supplied by Inquirer
- Social Security Number Supplied by Inquirer
- Case Identifier Supplied by Inquirer
- Client Name
- Client's Current Social Security Number
- Client's Previous Social Security Number
- Case Name
- Case Identifier
- Case Address
- Case Categories of Assistance
- For Each Case Program Type Indicated:
  - Case Program Type
  - Case Program Status
  - Case Program Open Date
  - Case Program Pended Date
  - Case Program Closure Date
  - Case Program Eligibility Period (for Medically Needy Only)
  - Date of Original Application
- For Each Client
  - Date of Birth
  - Client Categories of Assistance
  - For Each Client Program Type Indicated:
    - .. Client Program Type
    - .. Client Program Status
    - .. Client Program Open Date
    - .. Client Program Closure Date
- County of Responsibility
- County of Application
- Position Number

It should be noted that the name inquiry would allow for the inclusion of either the Case Identifier or the Client's Social Security Number and/or Date of Birth.

Medicaid Medical Expenditure Reconciliation Report

The purpose of this report is to identify any Medicaid medical expenditures, reported each month by the fiscal intermediary, that could not be associated with any (MIMS) Medicaid recipients because of unmatched Social Security Numbers.

The informational requirements consist of:

- Client's Current Social Security Number
- Client's Previous Social Security Number
- Client's Name
- Per Period of Claim Payment
  - Year of Claim Payment
  - Month of Claim Payment
  - Total Amount of Claims Paid

The report would be distributed to the Medicaid Services Bureau for resolution.

ELIGIBILITY DETERMINATION SUPPORT

The definitions that follow identify the output requirements of the Eligibility Determination Support function of the proposed system. They have been categorized in terms of the sub-functions of this function, i.e., Intake; Determination, Verification, and Documentation; Notification; Issuance; and Redetermination and Recertification.

Intake

Name Search - Inquiry. The purpose of this screen is to display Client Social Security Numbers, Client Names, Case Identifiers, and Case Names for AFDC, IRA, Food Stamp, Medicaid, General Assistance, Emergency Assistance or County Medical Program participants that are like or similar to the name supplied by the inquirer. This screen would facilitate county research of case files by providing the Case Identifiers and Client Social Security Numbers. The screen would provide only the most current case and client information.

- Eligibility Date for Hospital Insurance (Medicare, Part A)
- Termination Date for Hospital Insurance (Medicare, Part A)
- Eligibility Date for Supplemental Medical Insurance (Medicare, Part B)
- Termination Date for Supplemental Medical Insurance (Medicare, Part B)
- Client Program Type
- Client Program Eligibility Period
- Client Retroactive Eligibility Period(s)*
- Client One Day Authorization Date
- Client One Day Authorization Amount
- Client Restrictions**
- Client Program Closure Date
- For Nursing Home Residents:
  - Nursing Home Allotment Information (allow three occurrences)
    - .. Monthly Allotment to Facility
    - .. Date Allotment Available
- Third Party Liability Information:***
  - Name of Policy Holder
  - Name of Insurance Company
    - .. Policy Number
    - .. Certificate Number
    - .. Group Number
    - .. Date Issued
  - Action Code

* Allow three occurrences of this information.

** Client Restrictions would consist of the identification of medical service providers that would be allowed to be used by the Medicaid card holder.

*** Multiple occurrences of this type of information may need to be reported.

The report should be generated in sequence by Client's Social Security Number.

FISCAL INTERMEDIARY INFORMATION

The definitions that follow identify the output requirements of the Fiscal Intermediary Information function of the proposed system.

Report On Medicaid Program Eligibles With Corresponding Third Party Liability Information

The purpose of this report is to provide the Economic Assistance Division with a copy of the Medicaid Program eligibility information that was sent to the fiscal intermediary. It would be generated weekly to reflect the update information required to complete the fiscal intermediary's history file.

The informational requirements consist of:

- Report Date
- Date of Transaction
- Type of Transaction
- Client's Current Social Security Number
- Client's Previous Social Security Number
- Client's Name
- Adult or Child Indicator
- Race
- Sex
- Case Identifier (for Medical Assistance)
- Case Name
- Mailing Address (or Protective Payee Address, if applicable)
- County of Responsibility
- Client's Date of Birth
- Client's Date of Death
- Date of Original Eligibility Determination (for Medicaid)
- AFDC Payment Code
- Medicaid Relationship Type
- Client's Medicare Claim Number
- Client's Railroad Retirement Number

FUNCTIONAL REQUIREMENTS

The purpose of this section is to identify the functional requirements of the proposed system. The following pages describe the three major functions which are: Fiscal Intermediary Information, Eligibility Determination Support, and Management Information. The Eligibility Determination Support function and the Management Information function have been further defined in terms of sub-functions.

In addition to the more specific types of functional requirements just identified, basic system control and system recovery requirements have also been addressed, as Control Information and as Recovery Information. These requirement definitions can be found at the conclusion of this section of the report.

FISCAL INTERMEDIARY INFORMATION

The system should provide the capability to furnish the fiscal intermediary with information on clients eligible to participate in the Medicaid Program. This information should include client data such as name, address, sex, race, county, Social Security Number, Medicare Claim Number, Railroad Retirement Number, date of birth, date of death, and/or nursing home allotment availability dates and amounts. It should include specific Medicaid Program data per client such as date of original eligibility determination, periods of eligibility, periods of retroactive eligibility, dates of closure, one day authorization dates and amounts, and client restrictions.

In addition, information should be included on medical insurance availability per each recipient. Eligibility and termination dates for Part A and/or Part B, Medicare, should be provided. Additional insurance companies providing coverage should be named and the policy, certificate and group numbers provided for each.

The system should provide the complete, current status of this information to the fiscal intermediary on a weekly basis. Medicaid closures should be reported only once, however. Changes to any information previously sent to the fiscal intermediary should also be provided on all Medicaid cases, including closed cases.

The system should also provide the capability to recognize and maintain summary information on the Medicaid benefits received by each client, per each month of claims payment. This information should be provided magnetically (and in summary) on a monthly basis by the fiscal intermediary. It should be noted that the fiscal intermediary may provide the summary Medicaid benefit information according to the client's current and/or previous Social Security Number. Should there be a discrepancy between the information recorded by the fiscal intermediary and the information recorded in MIMS, the function should provide the capability to generate a reconciliation report to facilitate research and resolution.

ELIGIBILITY DETERMINATION SUPPORT

The system should provide the capability to capture, maintain, display and report case and client information on assistance program applicants, both eligible and ineligible. This should include providing the capability to access the SRS information maintained on foster care payments and trust accounts and on repayment account agreements. This function should provide the capability to access assistance program eligibility determination control criteria and to automatically utilize this control information to aid the Eligibility Technicians (E.T.'s) in the eligibility determination process. This function should provide the capability to generate proof of eligibility and/or actual assistance program benefits for assistance program recipients. This function should also provide the capability to generate county reimbursement warrants for county advances. The function should also provide the capability to record and maintain limited, SBAS-related expenditure encoding information for all AFDC, IRA and Medicaid medical travel advance benefits issued.

This function would consist of five sub-functions, namely: Intake; Determination, Verification and Documentation; Notification; Issuance; and Redetermination and Recertification.

Intake

This sub-function should support the E.T.'s, primarily at the time of the initial client interviews. It should provide on-line inquiry capabilities to identify any current or previous (within the last three years) assistance program involvement, including the identification of any outstanding repayment account agreements that had been issued because of assistance benefit over-issuance or fraudulent issuance from the AFDC, IRA, Medicaid and/or Food Stamp Programs. The inquiries into the MIMS information should be initiated using either the applicant's name or Social Security Number. The inquiries on repayment account agreements would have to be made using names of adult case members and their current and previous Social Security Numbers. These inquires should be allowed to be system and terminal operator initiated.

The sub-function should also provide for on-line entry and update capabilities of case and client information. On request, it should provide the on-line capability to assign Temporary Social Security Numbers to clients (and cases). It should also provide the on-line capability to assign identification numbers to absent parents, when the applicant could not provide a Social Security Number for an absent parent. The sub-function should prevent the assignment of any Social Security Number or any identification number to more than one individual maintained within the system.

Capabilities should be provided for the on-line entry and update processing of initial applications. Comprehensive validation should be performed and any errors should be identified in order to facilitate timely error resolution. All information entered into the system should be validated.

Determination, Verification and Documentation

This sub-function should support the E.T.'s and the assistance program clients by providing the capability to perform a number of automated application processing activities. These would be required to be performed on request and on regular monthly and quarterly processing cycles. The sub-function should provide the on-line capability to capture and update case and client information. It should provide the capability to perform validation of all information entered into the system through limit and range checks, comparisons, and logical relationship and reasonableness tests. Any errors that were identified should be displayed to advise the E.T. of the information that was missing and/or that needed to be corrected.

The sub-function should provide the capability to determine eligibility and to calculate benefits for the AFDC, IRA, Food Stamp and/or Medicaid Programs. It should also provide the capability to generate, request, recognize, maintain, and/or provide reference to information on enumeration, client-related Nursing Home accounts, assistance program recipient income, client's foster care payments and trust accounts, repayment account agreements, SSI recipients, Buy-in premiums for Part B of Medicare, and BENDEX reference information.

Eligibility Determination and Benefits Calculations. The sub-function should provide the capability to assess client information and to provide eligibility determination based on the financial and non-financial eligibility control criteria that would be maintained by the system. It should also provide the capability to calculate, based on given formulas per program, the benefits due per program for each case. The calculations should be performed and the benefit amounts and/or allotments should be maintained for subsequent issuances. All program calculations should be made independently of one another, and each should be based on specific amounts, dates, and control indicators that would be provided by the E.T., as well as on the system control criteria that would be maintained by the system. All automated calculation activities should be performed on-line. The determinations and calculations would be made for the current and supplemental eligibility and benefit periods. (Current refers to regular monthly and/or partial month benefits.) No automated calculations would be provided to determine either retroactive, replacement or adjusted program benefits. The sub-function should provide the capability to report to the clients on all eligibility and benefit determinations.

For eligible cases, except the SSI-only cases, the sub-function should also determine the next certification date for the case. This date would be the ending date of the shortest allowable program certification or eligibility span. The E.T. should be allowed to enter an earlier certification date if case circumstances indicated the need for an earlier review. For SSI-only cases there would need to be an open-ended certification period. These certification periods would end when the recipient became ineligible for SSI benefits.

Enumeration. The sub-function should provide the capability to maintain information on Temporary Social Security Number assignments. It should provide the capability to recognize the enumeration information obtained magnetically, on a monthly basis, from the Social Security Administration. When the Social Security Administration has assigned a Verified Social Security Number to an assistance program participant, this sub-function should automatically record the assigned Social Security Number and the SSA verification date in MIMS. The sub-function must also maintain the Temporary Social Security Number that had previously been

assigned to the client (and possibly to the case). When the Social Security Administration has verified a Social Security Number reported for an assistance program participant, this sub-function should automatically record the SSA verification date in MIMS. Should there be a discrepancy between the information recorded by the Social Security Administration and the information recorded in MIMS, the sub-function should provide the capability to generate an enumeration error report to facilitate error resolution. The sub-function should provide the on-line update capability for recording any changes in client information that may be required as a result of the error resolution process. This should include the on-line update capability for recording Verified Social Security Numbers and SSA verification dates. Changes made to client information, including changes made in Social Security Number assignments, should result in the generation of updated turnaround documents.

Nursing Home Residents. The sub-function should provide the capability to generate requests for personal account information for nursing home residents receiving Medicaid benefits. These requests would have to be generated quarterly. The sub-function should provide for on-line entry and updating capabilities of each client's personal account information. It should compute each client's total resources by adding the cumulative personal account amount to the other resource information maintained for the recipient. It should identify cases having recipients with total resources near the resource maximum. Changes to personal account information should result in the generation of updated turnaround documents.

Recipient Income. The sub-function should provide the capability to generate monthly unearned income reports and quarterly earned income reports. The monthly unearned income report should be generated on receipt of the Unemployment Compensation (UC) and the Worker's Compensation (WC) information. This information should be provided to SRS on magnetic media. The information should be compared with the MIMS information, on the basis of Social Security Numbers, and clients receiving UC and/or WC benefits and participating in active or pending cases should be listed. Manual verification procedures would be required.

The sub-function should maintain earned income information, per assistance program participant, on a quarterly basis. It should maintain the quarter's information to be compared, on the basis of Social Security Numbers, with the quarterly information to be provided on magnetic media by the Employment Security Division. Manual verification procedures would be required.

It should be noted that the earned income figures that were reported as anticipated earned income (during the first two months of program participation), may not be correct. The sub-function should allow for the earned income figures to be updated when actual earned income information becomes available, and for these actual earned income figures to be the ones compared to the ESD information.

Foster Care Payments and Trust Accounts. The sub-function should provide the automated monthly capability to retrieve, and to report, on information regarding foster care recipients who were no longer receiving foster care benefits, but who were receiving foster care-related medical benefits. The automated monthly capability to retrieve and report changes in foster care case address information should also be provided. The sub-function should provide the on-line capability to retrieve and to report on the foster care trust accounts information needed for verification of assistance program eligibility. This inquiry would be initiated using Social Security Numbers.

Repayment Agreements. The sub-function should provide the on-line capability to retrieve and report on information on any outstanding repayment account agreements that had been issued because of assistance benefit overissuance or fraudulent issuance from the AFDC, IRA, Medicaid and/or Food Stamp Programs. In order to reduce any AFDC, IRA or Food Stamp benefit, the information retrieved from the Accounts Receivable System would have to be manually recorded in MIMS as a recovery amount. A repayment account identifier would also have to be provided to identify the repayment account to be credited with the recovery amount.

Inquiries into the Accounts Receivables System would be initiated using clients' names and/or Social Security Numbers.

This sub-function should also provide update information for the Accounts Receivable System, to reflect MIMS-related repayment reductions and repayment reduction reversals. This information should be provided daily, on magnetic media and monthly, in report format.

SSI Recipients. This sub-function should provide the capability to recognize, maintain and report on Supplemental Security Income Program (SSI) and State Supplementation Program (SS) participation information, as provided for the Economic Assistance Division by the Social Security Administration. This information is maintained at the federal level by the SSI/State Data Exchange System (SDX) and would be reported to the State on weekly, monthly and annual schedules.

Weekly processing requirements are defined in the next several paragraphs.

The sub-function should provide the capability to recognize SSI openings and SSI closures identified on the Weekly SDX Update File. It should provide the capability to report this information to the Economic Assistance Division and to the county offices. In addition, any applicable MIMS information about these SSI recipients should also be shown on the weekly openings and closures report.

For all SSI openings, this sub-function should generate EA-1F forms to be sent to the SSI recipients. These pre-printed forms would request information about the recipients' third party coverages (i.e., Medicare, Parts A and B; other insurance) and about their needs for retroactive Medicaid coverage. The sub-function should record in MIMS, a suspended Medicaid eligibility status for each SSI opening. This sub-function should also initiate the generation of turnaround documents reflecting the recipients' suspended Medicaid eligibility status. These documents should be sent to the county offices. No Medicaid Identification Cards would be generated for SSI recipients until their Medicaid eligibility had been recorded in MIMS.

This sub-function should also provide the capability to re-issue EA-1F forms for SSI recipients who failed to respond to the initial EA-1F issuance. This re-issuance should occur approximately thirty days after the initial issuance.

For SSI closures, the sub-function should terminate recipient participation from the Medicaid Program and should record SSI ineligibility as the reason for this closure. These actions would then facilitate the issuance of the appropriate letters of notification for the recipients and the issuance of updated turnaround documents for county use.

There are several exceptions to the above processing requirements. If an SSI recipient had not responded to an EA-1F, and had not, therefore, ever been a recipient of Medicaid benefits, that recipient should not receive a letter of notification advising him of program closure. An updated turnaround document would still need to be generated, however.

Additionally, no (NO1) closures should be automatically processed in July until after each of these is compared with the information on the Annual LEADS File. Any (NO1) SSI closures that were not identified on the LEADS File would follow the above closure procedures. Any (NO1) SSI closures that were identified on the LEADS would be processed as later defined under the annual processing requirements.

Monthly processing requirements are defined in the next several paragraphs.

The sub-function should provide the capability to recognize and to report on SSI information available on the Monthly SDX Treasury File. It should provide the capability to generate a monthly reference report of all SSI recipients who had received benefits for the month. It should provide the capability to generate a monthly reference listing of all SSI recipients who had also received State Supplementation benefits for the month. These reports should be provided for use by the Economic Assistance Division and by the counties.

It should also provide the capability to compare the Monthly SDX Treasury File to MIMS information, on the basis of Social Security Numbers, to identify any AFDC recipients reported as receiving SSI benefits.

Annual processing requirements are defined below.

The sub-function should provide the capability to recognize SSI closures, due to Title II cost-of-living benefit increases, as identified on the Annual LEADS File. It should provide the capability to generate a report on these SSI closures for reference by the Economic Assistance Division and by the counties.

In addition, a limited amount of MIMS information should be provided on this report.

The sub-function should also record a change in the MIMS Medicaid Relationship Type encoding for each SSI recipient identified on the LEADS File. Medical assistance would not be interrupted. The sub-function should initiate the generation of an updated turnaround document reflecting the changes made to the recipients' Medicaid eligibility encoding.

It should also be noted in terms of all SDX processing, that this sub-function should provide the capabilities to translate the SSI State and County Code of Jurisdiction into the County of Responsibility Code, and to derive the County of Application Code from the SSI State and County Code of Jurisdiction and the SSI Living Arrangement Code.

Buy-In (Premium) Processing. The sub-function should provide the capability to generate (SMI) Buy-in accrete, delete and alteration transactions for assistance recipients, who are eligible to participate in the State's Buy-in. Accrete and delete transactions should be generated based on Category of Assistance Codes and on the Buy-in eligibility and termination dates maintained per recipient. Delete transactions should also be generated when the death of a recipient was reported. In addition, changes made during the month to information being maintained on assistance recipients that had already been accreted to the Buy-in should result in the generation of alteration records to update the Buy-in (Third Party Master). Alteration records should be generated if changes occur in name, date of birth, Buy-in eligibility code, Medicare Claim Number, Social Security Number, or County of Responsibility. Accrete and delete transactions should be generated only for non-SSI participants.

The sub-function should provide the monthly capability to compare MIMS information with SSA-initiated SSI Buy-in accretes and deletes, as well as with any SSA-initiated changes. The comparison should be based on Medicare Claim Numbers, and should result in the generation of a reconciliation report that would enable clerical staff to research discrepancy situations. The reconciliation report should also provide a reference source for all ongoing buy-in items identified by SSA. The reconciliation report should be generated in alphabetical sequence in both hard-copy and microfiche formats. (It should be noted that the Buy-in Social Security Claim Numbers, or Medicare Claim Numbers, may occasionally be pseudo claim numbers derived from Railroad Retirement Claim Numbers or may be health insurance translations of the claim numbers initially used by SSA.)

The sub-function should provide the capability to facilitate Buy-in discrepancy resolution by providing the on-line capability for entering any Buy-in accrete, delete or alteration information determined to be required as a result of clerical research. All Buy-in update information, whether automatically or manually generated, should be sent to the SSA on magnetic media to be received by the twenty-fifth day of each month. A report of all Buy-in update transactions should be generated for EAD reference purposes. MIMS changes, determined to be required as a result of clerical research, should be made using the on-line update capability provided to maintain case and client information, and should be reflected on updated turnaround documents.

BENDEX Reference Information. The sub-function should provide the capability to generate BENDEX accrete, delete and alteration transactions for AFDC, SSI, IRA, Medically Needy, Medical Assistance Only (MAO), and Food Stamp-only Program participants, regardless of the participants' ages. Accrete or alteration transactions should be generated for new assistance recipients and for ongoing recipients whose Categories of Assistance, Social Security Numbers, Social Security Claim Numbers, or offices of County of Responsibility had changed. Delete transactions should be generated when the death of a recipient was reported or when a recipient terminated eligibility from all qualifying assistance programs. BENDEX accrete and delete transactions would be required for Buy-in eligibles, whether the Buy-in activity were State or federally initiated. It should be noted that any BENDEX accrete transaction not recognized by the SSA BENDEX System must be re-submitted.

The sub-function should also provide the capability to recognize and to report on the BENDEX benefit information supplied by the SSA. In July of each year, SSA should provide a comprehensive exchange that would include all active Bendex benefit exchange items. Each month thereafter, only new and changed benefit exchange items would be sent to the State. Each monthly exchange item (representing an assistance recipient) should be reported on alphabetically by name on a state-wide basis for EAD review. In addition, each item should be reported to the Eligibility Technician responsible for the assistance cases associated with these recipients. This report should identify discrepancies between MIMS and SSA BENDEX information.

BENDEX update transactions should be sent to the SSA on magnetic media to be received by the twenty-fifth day of each month. A report of these update transactions should be generated for EAD reference purposes. MIMS changes, determined to be required as a result of ET review of BENDEX information, should be made using the on-line update capability provided to maintain case and client information and should be reflected on updated turnaround documents.

Notification

The notification sub-function should support the E.T.'s, but it should also generate information that would be used primarily by the assistance program applicants. This sub-function should provide the capability for generating letters to the assistance program applicants advising them of program eligibility or ineligibility, the date(s) of program eligibility and/or certification periods and benefit periods, and the amount(s) of assistance program benefits associated with participation in each specific program. In addition, these letters should advise the applicants of their need to furnish any additional information and/or verification of any information on which initial and/or continuing eligibility determinations would be made. The letters should also inform the applicants that the county may deny assistance and/or initiate case, client, and/or program closure if the requested information were not provided. The sub-function should provide these notices for the AFDC, IRA, Food Stamp and Medicaid Programs. All letters would be addressed at the case level.

In general terms, the letters should be generated to reflect application activities, subsequent case activities, and final case activities. Application activities would be those relating to the receipt of an application for assistance program participation and the initial actions taken on the applications such as case openings, denials, cases pended, reinstated program benefits, and advice of Medically Needy eligibility with incurrment requirements. Subsequent activities would be those relating to changes in client status, as WIN and income changes; redeterminations due; the need to change Food Stamp issuance method due to consecutive mail losses; the need for subsequent information on medical incurrments for the Medically Needy cases with incurrments; restored program benefits; adjustments in benefit levels; verifications required; and/or applications pending for longer than thirty days. Final case activities would be those relating to: case, client and/or program closures; Medically Needy denials for failure to meet incurrments within the span; and the need for Food Stamp recipients to reapply at the end of their certification periods.

This sub-function should provide the letters on a schedule that would satisfy the specific timing requirements for notifications for each of the programs. If sufficient time was not available for system issuance of notifications, the Eligibility Technicians would be required to generate the appropriate letters. The sub-function would not attempt, for instance, to provide notification for cases that receive only Food Stamp benefits and that are certified on a monthly basis.

This sub-function should provide information in each letter about the availability of the Family Planning Program and the Early and Periodic Screening, Diagnosis and Treatment Program, as well as information on the clients' rights to Fair Hearings.

The sub-function should also provide address labels, for form letter issuance, for cases receiving specific program benefits (per either Case or Client Categories of Assistance) and/or for cases with specific case characteristics (as cases with clients indicating Indian Enrollment).

Issuance

The issuance sub-function should support the Medicaid, Food Stamp, AFDC and IRA Programs. The sub-function should provide the capability to generate proof of eligibility (Medicaid Identification Cards and Food Stamp Household Identification Cards), the capability to generate cash benefits (AFDC and IRA warrants) for the assistance program recipients, and the capability to generate county reimbursement warrants for AFDC/IRA benefit advances and Medicaid medical travel advances. It should provide the capability to capture and maintain information on both State and/or county issuances. Accessibility to this information on-line and through periodic reporting should also be provided.

This sub-function should provide the capability to recognize, record and maintain limited SBAS-related expenditure encoding information. This information should be recorded and maintained per each recipient warrant issued. The encoding requirements should be able to be updated on a daily basis. It should also provide the capability to recognize and report on the warrant series number and the warrant sequence number per each daily issuance. These numbers would be controlled by the State Auditor's Office.

Medicaid. The sub-function should provide the capability to generate Medicaid Identification Cards, one per open Medicaid case, on a monthly basis. Medicaid benefit periods, client third party liability information and any client restrictions for any member of the case should be indicated on the cards. For AFDC and IRA cases, whose members are automatically eligible for Medicaid, the Medicaid Identification Card should be generated at the same time that the AFDC or IRA warrant is generated. Issuance of replacement cards would be handled by the counties. (Medicaid medical travel advances and county reimbursements are addressed below under AFDC and IRA.)

Food Stamp. The sub-function should provide the capability to generate Food Stamp Household Identification Cards, one per household certified to participate during any given month, on a monthly basis. Each card would identify the household's current Food Stamp certification period, the current benefit period, and the total amount of the coupon allotment. This allotment may reflect

retroactive, restored and/or supplemental benefits as well as regular benefits. Allotments may also reflect reductions in restored benefits, due to repayment agreements. System issuance of the Household Identification Card (and the central office preparation of a packet of food stamp coupons) for each case should begin as of a system effective date indicated by the E.T. Initial issuance of the Household Identification Cards for cases requesting expedited services would take place at the county offices. It should also be noted that the issuance cycles that have been defined are on a rolling monthly basis and that these issuance cycles would correspond with the beginning of the monthly benefit periods, only when the cases were also receiving assistance and/or medical benefits.

In order to provide the capability to capture and maintain adequate information on State issuance of food stamp coupons, this sub-function should record the automated monthly issuances per case of regular, restored, retroactive and/or supplemental allotments. It should also provide the capability to capture and maintain information on State-issued food stamp coupon allotments that were undeliverable or otherwise cancelled. In order to provide the capability to capture and maintain adequate information on county issuance of Food Stamp coupons, this sub-function should facilitate daily recording of manual issuances of expedited allotments. The sub-function should also provide the capability for recording manually issued replacement coupons for inventory reconciliation. It should provide identification of cases with incorrect addresses, reported mail loss, etc. When two consecutive mail losses had been reported for a household, the sub-function should provide the capability to alter the issuance method for that household from direct issuance to county issuance.

AFDC and IRA. The sub-function should provide the capability to generate during daily and monthly processing cycles, the AFDC and IRA warrants required. Daily warrant issuance should be provided for supplemental, retroactive and adjustment AFDC and IRA benefits due per case. Daily warrant issuance should also be provided for partial-month AFDC and IRA benefits due. The warrants issued for the partial month periods should also reflect the next month's regular benefits only if the partial month's eligibility had been determined on or after the fifteenth day of that month. Daily warrant issuance amounts would be reduced

by the amounts of any county advances that had been provided for these cases. Replacement AFDC and IRA benefit issuances would be made by way of the county advances.

Warrant issuance should be provided on a monthly basis for AFDC and IRA cases eligible to receive regular monthly benefits. It should be noted that AFDC benefit amounts would reflect Title IV-A day care benefits. No county advances would be allowed for regular ongoing monthly benefits.

When applicable, the AFDC and IRA warrants should be generated at the same time as the Medicaid Identification Cards. For cases with a protective payee named, the warrants should be issued and mailed to that person.

The sub-function should also provide the capability to generate, on a daily basis, Medicaid medical travel advance and/or AFDC and/or IRA benefit advance reimbursement warrants for each of the counties. A single reimbursement warrant should be generated for any given county on any given day.

In order to provide the capability to capture and maintain adequate information on issuances of AFDC and/or IRA benefits and/or Medicaid medical travel advances, this sub-function should facilitate daily and monthly recording per case of both manual and automated issuances of the benefit amounts provided to assistance program recipients and/or to vendors on behalf of these recipients. It should provide the capability to identify the AFDC and IRA benefits as being either regular (including partial-month), supplemental, retroactive, adjustment or replacement issuances. The sub-function should also provide the capability to record warrant cancellations for cases with incorrect addresses that prevent the delivery of the warrants, death of recipients reported, incorrect warrant amount, etc.

Redetermination and Recertification

This sub-function should primarily support the E.T. in redetermining or recertifying clients for program participation. It should also generate information to be used by the assistance program clients. It should provide the capability

to generate, per E.T., a forecast of caseload activities that could affect the assistance program recipients' eligibility or continuing eligibility for benefits during the coming month(s). The forecast should provide identification of cases with applications pending, earned income, predicted increases in income (other than mass change increases), Title IV-A Day Care, redeterminations due, client ages changing, Indochinese client three-year expiration limitation, and/or verifications required. The forecast should also provide identification of Nursing Home cases reporting resources near the maximum resource level.

The sub-function should provide the capability to apply changes in eligibility standards, recognizing changes that may be required in terms of both benefits and deductions. It should provide the capability to apply specific program changes and/or percentage changes as required per case and/or per each affected client. It should change case and client categories of assistance, status, and/or Medicaid relationship types when the need for these types of changes could be determined. All changed case information should be reported to the E.T.'s by way of updated turnaround documents, with changed items identified by asterisks. (This should include the system-initiated change in the method of issuance of food stamp coupons, from direct to county, as was mentioned above under Issuance.) Each turnaround document should be identified by a sequence reference number. The assignment of these numbers should be the responsibility of the system, and the assignments should be made by case. The sequence reference number for each case should be increased by one each time a turnaround document was generated for that case except when the turnaround document was generated to reflect the sample drawn for quality control reporting.

This sub-function should provide the capability to generate redetermination reporting forms for all AFDC and/or IRA cases with earned income reported, for all Food Stamp cases with reapplications due, and for all AFDC, IRA and Medicaid cases with redeterminations due. These forms should identify all clients participating in each case, as well as the county office for which the information was being requested. The forms should be generated by approximately the twentieth of the month and mailed directly to the assistance program clients.

For cases certified to receive only Food Stamp Program benefits and certified for more than one month, this sub-function should provide the capability to generate reapplication letters during the month immediately preceeding the last month of the certification period. These letters should request that the applicants appear for reapplication during the month immediately following eligibility termination, and prior to the particular date in that month on which the initial eligibility determination was made. This becomes the date for certification and subsequent coupon issuance. The sub-function should close these cases on the last day of the certification period and it should recognize reapplications as case openings.

For all other cases that had had redetermination reporting forms generated for them, the following additional requirements would be appropriate. If case information had not been updated by the E.T. based on the applicants' responses by approximately the fifth of the following month, this sub-function should provide a second issuance of the redetermination reporting forms. These forms should include verbage on pending case, client and/or program closures for reason of non-compliance. If this case information had not been updated by approximately the twentieth of the month following initial notification, the sub-function should initiate case, client and/or program closure as appropriate.

This sub-function should provide for on-line inquiry capabilities. Inquiries should be provided for accessing MIMS information as well as the current status of client-related Foster Care trust account information and repayment agreement (Accounts Receivable) information. The inquiries that would have to be made into the Foster Care trust account information would be based on Social Security Numbers. Inquiries made into the repayment agreement information would be based on either Client Name or Social Security Number.

The redeterminaion and recertification sub-function should provide the capability to perform batch retrieval of client-related Foster Care payment and address information from the SRS Foster Care Payment System. Information from that system would have to be associated with client Social Security Numbers.

This sub-function should also provide the capability for on-line entry and updating of case and client information. This should include the capability to update information maintained on closed cases. It should provide the capability to perform validation of information entered into the system through limit and range checks, comparisons, and logical relationship and reasonableness tests. Any errors that were identified should be displayed to advise the E.T. of the information that was missing and/or that needed to be corrected. Only validated information should be maintained by the system.

This sub-function should provide the capability to verify updated client information and eligibility determination based on the financial and non-financial eligibility control criteria that would be maintained by the system. It should provide capabilities for calculating assistance program benefits based on updated case information, for displaying the results of the program benefit calculations, and for maintaining the results of these calculations for subsequent issuances. It should also provide the capability for archiving and purging system information.

MANAGEMENT INFORMATION

The system should provide the capability to produce daily, weekly, monthly, quarterly and annual reporting on the assistance program activities to facilitate improved assistance program management. These reports should provide the information needed to satisfy the majority of federal, State, and county assistance program reporting requirements.

The system should provide the capability to capture, maintain, display and/or report on the system control criteria, eligibility control criteria and food stamp inventory information. It should provide accuracy, timeliness, and auditability of all system information captured and maintained. It should also provide full system data recovery capabilities.

This function would consist of six sub-functions, namely: Case and Client Information, Program Management Information, Statistical and Federal Reporting Information, Financial Control Information, System Control Information, and Recovery-Related Information.

Case and Client Information

This sub-function should provide the capability to accumulate and report and/or display the current and historical case and client information.

Case and client information maintained by this sub-function should be made accessible by way of system inquiry, as well as monthly and annual reporting. Both hard-copy formatting and microfiche should be provided for.

The case and client information that should be maintained includes: identifying information per case and per client; multiple case associations per client, if applicable; case and client eligibility periods; identification of the county responsible for each case per each eligibility period; and the case and client benefits associated with each eligibility period, for up to a three year period. This sub-function should provide benefit information only on the benefits that were actually received by the assistance program participants. Indicative information should also be provided regarding absent parent and third party liability.

Program Management Information

This sub-function should provide the capability to accumulate, maintain, display and/or report on specific program information, as required to support assistance program personnel in both the State and county offices.

For the State Offices. The sub-function should provide the capability to accumulate information and to produce monthly summary reports on recipients that had not been assigned Verified Social Security Numbers. It should also accumulate, maintain and provide quarterly statistical reports on case openings information. These reports should include information such as case counts based on reason for case opening, and actual and average amounts of AFDC and Food Stamp Program benefits that had been provided.

The capability to accumulate and to produce monthly reports on AFDC/IRA-related day care activities should be provided. These reports should include information

about day care reported as a special need, as well as day care allowed as a work expense. Information should be provided on the amounts of day care that were allowed, and on the number of cases and clients for whom day care was recorded.

This sub-function should provide the capability to accumulate, maintain and produce reports on limited Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program activities. The EPSDT activities reported on would be those directly related to E.T. responsibilities and assistance program clients. It should produce quarterly summary reports on EPSDT eligibility and individual monthly reports on new and re-opened AFDC cases, EPSDT eligibles, AFDC recipients requesting referral for EPSDT services, and AFDC recipients refusing referrals for EPSDT services.

It should also provide the capability to accumulate, maintain and produce monthly reports on AFDC grant savings for WIN registrants who had entered or who were continuing in employment.

For both the State and county offices. The sub-function should provide the capability to accumulate, maintain and produce monthly statistical reports on each E.T.'s caseload. These reports should enable State and county program administrators to monitor caseload changes and application processing.

It should also provide the capability to accumulate and maintain information on Food Stamp Program activities to facilitate daily and monthly reporting. It should provide the capability to access the current status of food coupon supplies at the State and at all county offices, to make this inventory information available by way of on-line inquiry. It should provide the capability to produce reconciliation reports for food coupon transfers from the State supply to the county office supplies.

The sub-function should provide the capability to produce a daily food stamp issuance log and a daily food stamp allocation assembly report for each MIMS issuance cycle. These reports should reflect only the food coupons issued centrally. They should provide all the information required for State office

food stamp packet preparation and mailing, and should aid the county offices with distribution of the State-issued packets.

The sub-function should also provide the capability to produce a monthly register of all food stamp coupon allotments made. This report should reflect the regular, expedited, supplemental, retroactive, and/or restored benefit allotments made per case.

Statistical and Federal Reporting Information

This sub-function should provide the capability to accumulate, maintain and report on selected assistance program activities, by county and state-wide. These reports should be produced monthly, quarterly and annually.

Monthly Reporting. The sub-function should provide the capability to generate monthly quality control reports for the AFDC/IRA, Food Stamp and Medicaid Programs. These reports should be provided by program, based on random sampling methods of both positive and negative case actions. Because the samples drawn must satisfy federal sampling quotas, this sub-function must recognize sample parameters and must provide resampling capabilities. All sampling for any six month period would have the same probability requirement. All cases drawn should be supported by turnaround documents generated at the time the sample is drawn. They should also be supported by a magnetic copy of case information (to be further analyzed outside of MIMS, in terms of Medicaid claims payment and third party liability review).

The sub-function should provide the capability to generate monthly statistical reports by county and/or by program. These reports should be provided for the AFDC, IRA, Medicaid, Food Stamp, General Assistance, Emergency Assistance, and/or County Medical Programs. The reports should include information on: applications received, pended, pending, denied and/or approved; the number of case closures, per reason for closure; actual and average payments made per program and/or per county; food coupon inventory summary, state-wide and by county; and food stamp household participation and issuance, for both assistance and non-assistance cases. The sub-function should also provide the capability

to generate a report based on the food stamp coupon usage for the first fifteen days of each month. This report should provide food coupon usage projection information.

Quarterly Reporting. The sub-function should provide the capability to generate quarterly summary reports on the numbers of applications processed. These reports should provide information on the disposition of the applications and the days required for this disposition.

It should also provide the capability to produce quarterly summary mail issuance reports. These reports should provide information on: the number of mail issuances, the value of the coupons issued by and lost in the mail, and the number of households with two or more consecutive losses.

Annual Reporting. The sub-function should provide the capability to generate annual expenditure and statistical reports. It should provide the capability to produce Food Stamp Program expenditure information per county. It should also provide the annual capability to generate reports on specific monthly activities related to the General Assistance, AFDC, Medicaid and Food Stamp Programs. The General Assistance and AFDC reports should be generated by county and should provide summary participation and/or expenditure information by program and/or by case. The Medicaid Program reports should be generated to provide identifying information on AFDC foster care-related recipients. One of these reports should facilitate SRS research on foster care recipients ages 5-17. The results of this research would be reported to the Office of the Superintendent of Public Instruction (OSPI). The other report should provide OSPI with identifying information about AFDC Program recipients ages 5-17. The Food Stamp Program report should provide summary information on ethnic participation in the Food Stamp Program.

Financial Control Information

This sub-function should provide the capability to accumulate and produce timely reports on State and county benefit issuances for the AFDC and the IRA Programs and on county issuances of AFDC and IRA advances, Medicaid medical

travel advances, and vendor payments. It should also provide the capability to accumulate and report on the amount of repayment agreement reductions that had been applied to AFDC and IRA grants and to Food Stamp Coupon allotments and the capability to accumulate and to report on the amount of repayment agreement reduction reversals resulting from cancellations of these types of benefits.

This sub-function should provide the capability to accumulate information and to produce daily reports on all MIMS-related benefit expenditures. This information should be provided in report format, as well as on magnetic media for input into the Statewide Budgeting and Accounting System.

It should provide the capability to produce, for the Auditor's Warrant System, warrant source information on all MIMS-generated warrants. This information should be provided daily, in report format as well as on magnetic media.

This sub-function should provide the capability to accumulate information and to produce timely reports on AFDC and IRA warrant cancellations.

This sub-function should also provide the capability to generate monthly reconciliation reports. These reports should provide summary information, per county and state-wide, on all of the AFDC, IRA, and Medicaid medical travel expenditures and AFDC and IRA recoveries mentioned in the preceeding paragraphs.

System Control Information

This sub-function should provide the capability to capture, accumulate, maintain, report, and/or display system control criteria, eligibility control criteria, and food stamp inventory information.

System Control Criteria. The sub-function should provide the capability to produce help screens for MIMS terminal users. These screens should prompt the system users on the proper procedures for entering, updating and accessing MIMS information.

The sub-function should provide the capability to capture, maintain, report and/or display authorized county codes and associated position numbers; county names; names of county directors; county office addresses; food stamp issuance office addresses; and Nursing Home names, addresses and provider numbers. This information should be entered and updated, on-line, and reported only at the time of change. It should be used to validate county and position numbers entered elsewhere in the system. It should provide names and addresses for system correspondence. This information should include identification of all counties served by any position.

The sub-function should also provide the capability to capture, maintain, display and utilize (for system control purposes) information on all authorized terminal users. This information should indicate the type of authorization established for each user. The sub-function should provide on-line entry and update capabilities for maintaining this information.

The sub-function should provide the capability to produce daily update transaction listings, which should provide complete audit trails on transaction activities affecting MIMS case and/or client information. The sub-function should also provide the capability to accumulate source information for the generation of cumulative microfiche showing case and client transaction information. The information to be microfiched should be provided annually and updated monthly thereafter.

The sub-function should also provide the capability to produce daily reports summarizing on-line transaction activities. These reports should identify the numbers and types of transactions processed, by terminal operator and by terminal location.

Eligibility Control Criteria. The sub-function should provide the capability to capture, maintain, report and/or display the system eligibility control criteria. It should provide non-financial policy control criteria for the AFDC, IRA, Medicaid and Food Stamp Programs.

It also should provide financial policy control criteria for the AFDC, IRA, Medicaid and Food Stamp Programs. More specifically, it should provide the

capability for batch entry, update and reporting of the AFDC table of standards, AFDC supplemental payment table, Medically Needy income levels, food stamp coupon allotment and issuance tables, AFDC and Medicaid adverse action codes and citations, and adverse action codes and citations for the Food Stamp Program.

The AFDC table of standards and the AFDC supplemental payment table should be updated each fiscal year. They should include adult assistance standards with and without shelter obligations per month, along with child only standards per month. The AFDC table of standards should include assistance standards per day. The Medically Needy income levels should be updated by the Economic Assistance Division to reflect the AFDC table of standards changes. The Medically Needy income level table should include income levels for one and two adult cases, with and without children, as well as income levels for child-only cases.

The food stamp allotment and issuance table updates should be effective as of January 1 of each year. These tables should consist of the coupon allotments by household size based on monthly net income and the number(s) of books of each coupon denomination that would be provided per each allotment value.

The adverse action codes and citations should be updated as required for system reference to provide information on case and/or client closures and denials.

Food Stamp Inventory Information. The sub-function should provide on-line entry and update capabilities for maintaining food stamp inventory information. The inventory information should be maintained at the State and county levels. Inventory update activities should include automatic inventory reductions per daily State issuances, transfer of coupons between State and county supplies, county issuances for expedited services and replacements, State and/or county level credits due to undeliverable coupon allotments and overages in coupon shipments.

Recovery-Related Information

This sub-function should provide the capability to access case and client information to retrieve absent parent and death-related data. This information would be referenced for SRS and Department of Revenue assistance program recovery activities.

Absent Parent. The sub-function should provide the capability to retrieve, maintain and produce daily and monthly reports on absent parent information. A reference report listing all AFDC case openings and showing corresponding absent parent information should be provided daily. A list of AFDC absent parent cases whose information had been changed or for whom closures had been reported should be provided monthly. For each absent parent reported per AFDC case, this information would include: absent parent's Social Security Number (and/or assigned number), name, address, telephone number, business address and telephone number, good cause status, amounts due under court order and in arrearage, and amount of monthly child support. In addition, the following client information should be included per each absent parent: client's current and previous Social Security Number, name, date of birth, child support amount, day care amount and deprivation reason. Limited case information should also be provided. These reports should support the Title IV-D recovery operations, performed under contract by the Department of Revenue.

Death-related. The sub-function should provide the capability to retrieve, maintain and produce monthly reports on Medicaid recipients who had died or whose death had been reported during that month. One report should be provided identifying any Medicaid closures, due to death, for any cases indicating nursing home residence. A second report should be provided identifying all Medicaid recipients over sixty-five years of age, whose death had been reported. Both of these reports should support the SRS estate recovery operations.

CONTROL INFORMATION

The requirements that have been identified for the major functions of the proposed system include a variety of specific automated control requirements. The

paragraphs that follow identify additional manual and automated control requirements that should be provided to insure the reliability of the information retained and produced by the proposed system and to control and report on information flowing through the system.

It should be noted, however, that the requirements that have been identified below are those germane to the SRS MIMS environment. It has been assumed that additional elements of control would be provided by the Computer Services Division, and that these provisions would satisfy standard operating control and/or recovery requirements. More specifically, the CSD facility provides a secure operating environment by preventing deliberate destruction or theft of data in the central operating facility, by allowing only authorized personnel access into the system via the communication facilities, by prohibiting data theft via the communication network, and by providing for environmental safeguards to maintain the operating system.

Manual

The manual control requirements have been addressed in terms of security, timeliness, and accuracy control requirements.

Security. Procedures for authorization to access the proposed system information should be developed, implemented and enforced. The maintenance of system information by authorized personnel should be monitored by the MIMS coordinator.

Timeliness. Procedures and schedules for the timely submission, correction, and distribution of system information should be established and adhered to. Procedures should also be included for timely problem resolution.

Accuracy. Procedures, schedules, and responsibilities, for the review of system output for accuracy and for the submission of corrections required as a result of this review, should be developed and strictly adhered to. The accuracy and usage of MIMS information would be responsibility of the MIMS coordinator.

Procedures for the review of system information should include the following:

- Review of information for reasonableness and completeness prior to system entry.
- Information entering the system should be organized in a manner that is easily monitored and controlled using system output reports.
- Output reports should be reviewed on a timely basis to verify anticipated results.

Automated

The automated control requirements have been defined in terms of security, data integrity, and auditability requirements.

Security. Feasible, practical methods of accessing MIMS information should be controlled to insure proper usage of this information. Access for the purpose of updating information should be limited to those individuals who are responsible for the maintenance of the information.

Data Integrity. Information processed by the system should be verified for allowable values and in terms of relationship edits, whenever possible. Unreasonable information and conditions should be able to be identified by the system to facilitate the timely correction and re-entry of this information.

Auditability. The system should produce retainable, magnetic images of system input records that, when used with record counts and balancing totals, would enable tracing the data through the system.

The system should provide the capability to purge case and client information after it had been maintained for a three-year period. However, the system should provide the capability to retain, for historical benefit purposes, all assistance program benefits per case and/or per client per issuance cycle within that three-year period.

RECOVERY INFORMATION

The system recovery requirements that have been identified define the proposed system's role in the recovery of information in the event that errors or central or remote facilities failure result in the incorrect or incomplete capture of information.

The proposed system, under the direction of the MIMS coordinator, should be able to recover from data integrity problems or hardware/software problems with minimal disruption to the State and county office activities, minimal disruption to data center activities, and minimal programming support intervention.

Data Integrity

The system should provide the capability to change, reverse, or otherwise recover from minor or major errors such as erroneous entries; invalid information; or invalid processing resulting from invalid data, procedural error, or software or hardware error.

Minor Error. The system should provide the ability to recover from minor errors through correction capabilities.

Major Errors. The system should provide the ability to recover from major program, system, or storage facility failure through the capability to restore system information to its condition prior to the failure.

Hardware/Software

The system should provide the capability to recover from a temporary loss of teleprocessing capabilities due to local hardware failure or teleprocessing network failure. This capability would be accommodated by holding source documents requiring data entry until the teleprocessing capability had been restored and then entering them via the terminal. However, because a batch data entry/edit/update capability has not been defined as a backup requirement (due to the mutual concensus of SRS and ISD that it would be too costly to implement), the

automated portion of the proposed system could not easily recover from an extended loss of teleprocessing capabilities nor could it make a mass recovery to correct invalid entries due to software errors.

INPUT REQUIREMENTS

The purpose of this section of the report is to identify the input informational requirements of the proposed system. The major functional and output informational requirements of the proposed system would depend upon this input. The requirements are described in terms of purpose and content, and they are organized in terms of two of the three major functions of the proposed system. The two functions with input requirements are the Eligibility Determination Support and the Management Information functions. The requirements have been further organized in terms of the sub-functions that have been identified.

INTRODUCTION

The input informational requirements, that have been defined on the following pages, have been organized in terms of the functions and the sub-functions that they support. Several of the input requirements would provide support for multiple sub-functions, and these have been identified.

ELIGIBILITY DETERMINATION SUPPORT

The sub-functions of this function that have had input requirements defined to support them are: Intake; Determination, Verification and Documentation; Issuance; and Recertification and Redetermination.

Intake

The majority of the system information would be captured using the Initial Application Input Screen and the Case and Client Input Screen.

Initial Application - Input Screen. The purpose of this input screen would be to allow for the capture of case and client identifying information. It should only allow for the input of information required to establish or change assistance program applications. It should automatically provide the identification of any outstanding assistance program repayment agreements assigned to the applicant. It should also provide for the identification of any error conditions that were determined at the time that this input was entered.

The informational requirements consist of:

Input Information:

- Date Received
- Categories of Assistance Applied For
- Reason For Application
- Name of Applicant or Person For Whom Application Is Being Made (Case Name)
- Mailing Address (Case Address)

- Street
- City
- State
- Zip Code
- County

. Case Telephone Number

. Residence Address (if other than Mailing Address):
  - Street
  - City
  - State
  - Zip Code
  - County

. Guardian or Protective Payee Address:
  - Street
  - City
  - State
  - Zip Code
  - County

. Race Indicator

. Applicant's Social Security Number (Case Identifier)

. Applicant's Living Arrangement

. Responsible Adult, Guardian or Protective Payee Indicator

. Case Action
  - Add
  - Change

. Application Status
  - Pend
  - Deny

. Reason For Denial

. Date of Last Transaction

Outstanding Repayment Agreement Information:

. Per Each Repayment Agreement:
  - Repayment Account Identifier
  - County of Application
  - County of Origin
  - Status of Account

- Method of Payment
- Type of Account
- Amount of Repayment Agreement
- Date Repayment Agreement Signed
- Amount of Monthly Repayment Due
- Current Balance Outstanding
- Date Most Recent Payment Received

Error Condition Information:

. Any item, mentioned above in the input information, that was found to be in error, should be identified with an asterisk and a descriptive error code.

. Any Social Security Number entered for any new case member, or as a change, that had already been recorded in MIMS for another applicant, should be identified as a duplicate to enable research for correction, as required.

At the termination of the initial application process, all applications entered into MIMS should have a status of either pended or denied. For statistical purposes for initial applications, each category of assistance applied for would be tallied as an application, i.e., at the case program level.

Case and Client - Input Screen. The purpose of this input screen would be to allow for the capture of all types of case and client information. The types of information to be included are: identifying, eligibility, resource, budget, issuance, and control information. The screen should allow for adding or changing any of this information, as indicated under transaction information. It should automatically provide for the identification of any outstanding assistance program repayment agreements assigned to any adult applicants in each case. It should provide the results of the calculations performed in the eligibility determination process. It should also provide for the identification of any error conditions that were determined at the time that the input was entered.

The informational requirements consist of:

Transaction Information:

. Case Action
  - Add
  - Change
  - Redetermination

Identifying Information:

. Categories of Assistance Applied For
. Reason For Case Opening
. Name of Applicant or Person For Whom Application Is Being Made (Case Name)
. Mailing Address (Case Address, including County)
. Case Telephone Number
. Residence Address (if other than Mailing Address)
. Guardian or Protective Payee Address
. Race Indicator
. Reservation Residence Indicator
. Tribal Indicator
. Applicant's Social Security Number (Case Number)
. Step-Parent Indicator
. Applicant's Living Arrangement
. Elementary School District
. High School District
. Responsible Adult, Guardian, or Protective Payee Indicator
. Name of Responsible Adult, Guardian or Protective Payee
. Reason for Assignment of Protective Payee or Vendor Payments
. Name of Authorized Representative
. Third Party Liability Information
  - For Each Source: (multiple occurrences)
    .. Social Security Number (or Assigned Number) of Parent or Responsible Adult or Absent Parent
    .. Name of Insurance Company
    .. Policy Number
    .. Certificate Number

.. Group Number
.. Policy Effective Date

. Absent Parent Information:
- For Each Absent Parent: (multiple occurrences)
.. Social Security Number or Assigned Number of Absent Parent
.. Absent Parent's Name
.. Absent Parent's Address:
-- Street
-- City
-- State
-- Zip Code
.. Absent Parent's Telephone Number
.. Absent Parent's Business Address
.. Absent Parent's Business Telephone Number
.. Duty of Support Indicator
.. Good Cause Status
.. Amount Due Under Court Order Monthly
.. Amount Due In Arrearage
.. Absent Parent's Child Support Amount
.. Social Security Number(s) of Child(ren)
.. Name(s) of Child(ren)

. Client(s) Information: (Including Applicant Identification which would be provided first.)
- Client's Current (Verified or Temporary) Social Security Number
- Date Social Security Number Verified
- Client's Previous (Verified or Temporary) Social Security Number
- Client's Name
- Client Categories of Assistance
- Alternate Case Information:
.. Case Identifier
.. Client Categories of Assistance
- Client Action
.. Add
.. Continue/Change
.. Remove

- Essential Person Indicator
- Relationship Code (AFDC only)
- Adult or Child Indicator
- Student Status
- Level of Education
- Citizenship
- Date of Entrance to United States (if Indochinese, only)
- Sex Code (would also be used to identify unborn)
- Marital Status
- Date of Birth
- Date of Death
- Deprivation Reason
- Custody Date (Use only when Foster Care)
- WIN Status
- WIN Reason
- Child Support Amount
- Day Care (IVA) Amount
- Employment Status
- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Railroad Retirement Number
- Indian Enrollment Number
- EPSDT Information:
  - .. Date of Eligibility
  - .. Date of EPSDT Request
  - .. Date of EPSDT Refusal
- Hospital Insurance (HI) Information (Medicare Part - A):
  - .. Date of Entitlement to HI
  - .. HI Termination Date
- Supplemental Medical Insurance (SMI) Information (Medicare Part - B):
  - .. Buy-In Status Indicator:
    - -- Accrete
    - -- Delete
  - .. SMI Method of Payment:

-- Client Responsibility
-- State Responsibility

.. Date of Initial Entitlement to SMI
.. SMI Termination Date
.. Date of Entitlement to Buy-In
.. Date of Termination from Buy-In

- Supplemental Security Income (SSI) Information:
  .. SSI Entitlement Date
  .. SSI Termination Date
- Date Disability Established
- Third Party Liability Information:
  .. Social Security Number(s) of Insurance Policy Holder(s)
- Client Restrictions* (Medicaid Only)
- For Each Client Program Type Indicated:
  .. Client Program Type
  .. Client Program Status
     -- Open
     -- Close
     -- Pend
     -- Deny
     -- Reinstate
     -- Continue
  .. Client Program Date of Original Eligibility Determination
  .. Client Program Eligibility Period (Medically Needy Only)
  .. Client Program Retroactive Eligibility Periods** (Medicaid Only)
  .. Client One Day Authorization Date
  .. Client One Day Authorization Amount
  .. Client Program Open Date
  .. Client Program Pending Date
  .. Client Program Closure Date
  .. Client Reason for Closure or Denial
- Budget Information:
  .. Monthly Earned Income Amount (to be verified)

.. Month to which Earned Income Applies
.. Monthly Unearned Income Amount(s):
-- Social Security
-- Supplemental Security Income
-- Veteran's Administration
-- Worker's Compensation
-- Unemployment Compensation
-- Railroad Retirement Benefits
.. Amount of Real and Personal Property

- Nursing Home Authorization Information:
.. Nursing Home Facility Name
.. Provider Number
.. Monthly Allotment of Facility**
.. Date Allotment Available**
.. Monthly Allotment to Spouse/Family
.. Amount of Client Resource Reported (Excluding Personal Account)**
.. Percentage to be applied to Client Resource Reported**
.. Cummulative Client Personal Account***
.. Total Client Resource Amount

Eligibility Information:

. County Program Information:
- When General Assistance Indicated:
.. Case Program Benefit Period
.. Number of Recipients
.. Adult or Family Case Indicator
.. Transient Indicator
.. Benefit Amount
- When Emergency Assistance Indicated:
.. Case Program Benefit Period
.. Number of Recipients - Children
.. Number of Recipients - Adult
.. Maintenance Benefit Amount
.. Medical Benefit Amount

- When County Medical Assistance Indicated:
  - .. Date Eligibility Determined
  - .. Number of Recipients
  - .. Benefit Amount
  - .. Inter-state Transient Indicator

. Resource Amount For Each Case Program Type Indicated (except AFDC)
- Case Program Type
- Total Resource Amount

. Cummulative Personal Account (Medicaid Program only)

. Total Case Resource Amount (Medicaid Program only)

Resource Information:

. For AFDC Program Participants:
- Property Resources:
  - .. Real
    - -- Allowable Reserves
    - -- Assignments
  - .. Personal
    - -- Allowable Reserves
    - -- Assignments

Budget Information/System Issuance Information:

. When AFDC or IRA Program Assistance Indicated:
- For Regular Monthly Issuance:
  - .. Without Shelter Obligation Indicator
  - .. Gross Earned Income
  - .. Business Expenses (reduction)
  - .. Disregards (reduction)
  - .. Mandatory Deductions (reduction)
  - .. Work Expenses: (reductions)
    - -- Twenty-five dollars or actual Work Expense
    - -- Day Care (allowed as a Work Expense)
    - -- Transportation
  - .. Countable Earned Income
  - .. Unearned Income:
    - -- Social Security
    - -- Veteran's Administration

-- Worker's Compensation
-- Unemployment Compensation
-- Railroad Retirement
-- Indian/Tribal
-- Other

.. Total Unearned Income
.. Net Total Income
.. Basic Requirement
.. Special Needs Day Care - IVA (to be included in Grant)
.. Boarding School Cost (to be included in Grant)
.. Total Basic Requirement, Special Needs Day Care and Boarding School Cost
.. Grant Amount (Above Total, Less Net Total Income)

- For Partial Month Issuance:
  .. Number of Days Remaining in Partial Month
  .. Gross Earned Income
  .. Business Expense
  .. Unearned Income:
     -- Social Security
     -- Veteran's Administration
     -- Worker's Compensation
     -- Unemployment Compensation
     -- Railroad Retirement
     -- Indian/Tribal
     -- Other
  .. Mandatory Deductions
  .. Work Expenses:
     -- Twenty-five Dollars or Actual Work Expense
     -- Day Care (allowed as Work Expense)
     -- Transportation
  .. Prorated Transportation Amount (based on number of work days remaining)
  .. Prorated Gross Earned Income****
  .. Prorated Business Expense (reduction)
  .. Disregards (reduction)

.. Prorated Mandatory Deductions (reduction)
.. Work Expense: (reductions)
-- Twenty-five Dollars or Actual Work Expense
-- Day Care (allowed as Work Expense)
-- Transportation
.. Net Earned Income
.. Net Prorated Unearned Income
.. Net Total Income
.. Remaining Basic Requirement (determined by multiplying the daily rate times the number of days remaining in the partial month)
.. Grant Amount for Partial Month (Above Remaining Basic Requirement less Net Total Income)

- For Retroactive Benefit Issuance:
.. Retroactive Special Needs Day Care - IVA
.. Retroactive Benefit Amount
.. Total Retroactive Amount
.. Retroactive Benefit Period
- For Adjusted Benefit Issuance:
.. Adjusted Benefit Amount
.. Adjusted Benefit Period
- For Supplemental Benefit Issuance:
.. 80% Basic Requirement
.. Gross Earned Income
.. Deductions
-- Business Expenses
-- Mandatory Deductions
-- Work Expenses:
... Twenty-five Dollars or Actual Work Expense
... Day Care (Allowed as Work Expense)
... Transportation
.. Countable Earned Income (less deductions)
.. Unearned Income:
-- Social Security
-- Veteran's Administration

-- Worker's Compensation
-- Unemployment Compensation
-- Railroad Retirement
-- Indian/Tribal
-- Other

.. Total Unearned Income
.. Current Month's Benefit Amount (Must not reflect any reductions or adjustments)
.. Total Countable Earned Income, Unearned Income and/or Current Month's Benefit Amount
.. Supplemental Benefit Amount (80% Basic Requirement less above total)

. When Medicaid Program Assistance Indicated: (Medically Needy Only)

- When SSI Deeming Required:
  .. Family Income (Not to include Applicant income)
  .. Total Number of Family Members
- Gross Earned Income (When deeming required, this figure will be the income of the applicant)
- Disregards and Deductions (Earned Income, as required for AFDC/IRA-related or SSI-related)
- Mandatory Deductions (AFDC/IRA-related)
- Business Expenses
- Work Expenses (AFDC/IRA-related)
- Unearned Income:
  .. Social Security
  .. Supplemental Security Income
  .. Veteran's Administration
  .. Worker's Compensation
  .. Unemployment Compensation
  .. Railroad Retirement
  .. Indian/Tribal
  .. Other
- Disregards and Deductions (Unearned Income, SSI-related)
- Income In Kind (SSI-related)
- Deemed Income (SSI-related)

- Net Total Income (would include Deemed Income and Other Income)
- Basic Requirement (133 1/3% of AFDC Standard)
- Medically Needy Income Level
- Medically Needy Amount Incurred:
  .. Medical Expenses Incurred
  .. Insurance Premiums Incurred
- Medically Needy Incurrment Remaining
- Date By Which Incurrment Must Be Met

When Food Stamp Program Assistance Indicated:

- Gross Earned Income
- Mandatory Deductions (twenty percent reduction; to include work expenses)
- Countable Earned Income
- Unearned Income:
  .. AFDC/IRA Benefit Amount
  .. General Assistance Benefit Amount
  .. Social Security
  .. Supplemental Security Income
  .. Veteran's Administration
  .. Worker's Compensation
  .. Unemployment Compensation
  .. Railroad Retirement
  .. Indian/Tribal
  .. Other
- Total Unearned Income
- Net Total Income
- Standard Deduction (Eighty-five dollars)
- Remainder (Net Total Income less Standard Deduction)
- Medical (reduction, if applicable)
- Day Care (reduction)
- Sub-Total
- One-half of Sub-Total
- Rent or Mortgage, Taxes and Insurance
- Total Utility Standard or Actual Utility Cost
- Total Shelter Expense

- Shelter Deduction (Total Shelter Expense less One-half Sub-Total)
- Total Food Stamp Income (Sub-Total less Shelter Deduction, which is Translatable into Coupon Allotment)
- Supplemental Allotment (if applicable)
- Supplemental Benefit Period (if applicable)
- Retroactive Allotment (if applicable)
- Retroactive Benefit Period (if applicable)
- Restored Allotment (if applicable)
- Restored Benefit Period (if applicable)
- Recovery Amount (if applicable, i.e. only for Cases with Restored Benefits)
- Repayment Account Identifier
- Adjusted Restored Allotment
- Total Allotment

County Issuance Information:

. For AFDC or IRA Program Issuance:
  - Total Benefit Amount (Would include regular, partial, supplemental, retroactive, and/or adjustment benefits due)
  - Amount of Vendor Payment(s) (reduction)
  - Recovery Amount (reduction)
  - Repayment Account Identifier
  - Total Benefit Payable (Benefits less vendor payments and/or repayment reductions)
  - County Advance Amount
  - Balance of Benefits Due Recipient
  - County Advance Check Serial Number
  - Date Check Issued
. For AFDC or IRA Program Replacement Issuance:
  - Replacement Benefit Issuance Amount
  - Replacement Benefit Period
  - Date Original Warrant Cancelled
  - Original Warrant Sequence Number
  - County Advance Check Serial Number
  - Date Check Issued
. For Medicaid Medical Travel Issuance:

- Medical Travel Advance Amount
- Social Security Number of Travel Advance Recipient
- Travel Advance Check Serial Number
- Date Check Issued

. For Expedited Food Coupon Issuance:
  - Expedited Allotment Amount
  - Per Type of Coupon
    .. Denomination of Coupons
    .. Number of Coupon Books
  - Date of Issuance

Control Information:

. Date Received
. County To Receive Case Through Transfer
. Case Categories of Assistance
. AFDC Payment Code
. AFDC Payee Status In Grant
. Medicaid Relationship Type
. For Each AFDC, IRA, Medicaid and/or Food Stamp Case Program Type Indicated:
  - Case Program Type
  - Case Program Status
    .. Open
    .. Close
    .. Pend
    .. Deny
    .. Reinstate
    .. Continue
  - Case Program Open Date
  - Case Program Pended Date
  - Case Program Closure Date
  - Case Program Eligibility Period (Medically Needy Only)
  - Medical Effective Date (AFDC and IRA Only)
  - Date of Original Eligibility Determination (Medicaid only)
  - Date of Original Application
  - Reason for Closure or Denial

- Number of Clients for Medicaid Coverage
- Number of Clients in Grant
- Number of Clients in Food Stamp Household
- Food Stamp System Effective Date
- Type of Mail Issuance
  - .. Direct
  - .. County

. Next Eligibility Certification Date/Redetermination Date

. County of Responsibility

. County of Application

. Position Number (Worker Number)

. Last Position Number

. Last Case Identifier (had Case Identifier been incorrectly or temporarily assigned initially)

. Date of Last Transaction

Outstanding Repayment Agreement Information:

. Per Each Adult Applicant:

- Client's Current Social Security Number
- Client's Previous Social Security Number
- Per Each Repayment Agreement:
  - .. Repayment Account Identifier
  - .. County of Application
  - .. County of Origin
  - .. Status of Account
  - .. Method of Payment
  - .. Type of Account
  - .. Amount of Repayment Agreement
  - .. Date Repayment Agreement Signed
  - .. Amount of Monthly Repayment Due
  - .. Current Balance Outstanding
  - .. Date Most Recent Payment Received

Error Condition Information:

. Any input item, that was mentioned above and found to be in error, should be identified with an asterisk and a description error code.

. Any Social Security Number entered for any new case member, or as a change, that had already been recorded in MIMS for another applicant, should be identified as a duplicate to enable research for correction, as required.

* Client Restrictions would consist of the identification of medical service providers that would be allowed to be used by the Medicaid card holder.

** Allow three occurrences of this information. For each retroactive eligibility period, also identify the appropriate action, i.e, add, modify or delete; as this information must be maintained for the fiscal intermediary.

*** This information would usually be input at the state level, on a quarterly basis, when the information was provided by Nursing Homes. Information could be modified by way of this screen, however.

**** Prorating would require using the actual number of days available during each month.

The Case and Client Input Screen should provide verification requirement indicators for specific items of information at both the Case and Client levels. The value of these indicators would be changed through internal processing as well as by way of terminal input. It should also be noted that a number of the informational requirements, that are outlined under Budget Information, should be able to be provided by the system or through the terminals. Only at the time of initial eligibility determination for any program, will the system automatically provide the Outstanding Repayment Agreement Information.

System acceptance of information from the Case and Client Input Screen should result in the generation of a turnaround document reflecting all input that had been entered. Items that had been changed should be identified by asterisks.

Determination, Verification and Documentation

The system information that would be captured in support of this sub-function would relate to case and client information. It should, however, be of limited

volume. Enumeration information and verification data should be entered into the system using the Case and Client Input Screen defined above, under Intake.

Quarterly information, reported by the Nursing Homes, on personal account amounts should be captured using the Personal Account Information Input Screen. Address label request criteria should be input by way of system parameters.

Personal Account Information - Input Screen. The purpose of this screen would be to allow for the capture of personal account balances, quarterly.

The informational requirements consist of:

- Nursing Home Provider Number
- Transaction Code
  - Add Client
  - Change Client
  - Delete Client
- Case Identifier
- Client's Social Security Number
- Client's Name
- Cummulative Client Personal Account Amount

This screen should be made available to only the State data processing personnel, who would receive the source documents from the Economic Assistance Division.

Buy-In Accretes, Deletes and Alterations - Input Screen. The purpose of this screen would be to allow for the capture of Buy-In status information determined to be required (to update the SSA files) during the clerical reconciliation processes of SSA Third Party Master and MIMS information.

This information should be sent to SSA along with the Buy-In accretes, deletes and alterations that had automatically been generated by the system.

Address Label - System Parameters. The purpose of these parameters would be to allow for the input of case attributes, client attributes or a combination thereof; on which to base the selection of addresses for label generation.

Issuance

The system information that should be captured by this sub-function should be selective and, again, of limited application and volume. This input should be captured using either the SBAS/Warrant Control-System Parameters, the Warrant Cancellation Input Screen, or the Food Coupon Allotment Cancellation Input Screen.

Actual assistance program benefits that were system-issued should be recorded without any additional input requirements. County issuance of expedited food coupons should be recorded by way of the Case and Client Input Screen defined above, under Intake. Expedited issuances and the issuances of replacement coupons should be recorded in summary, by way of the Food Stamp Inventory Input Screen defined below, under Management Information.

SBAS/Warrant Control-System Parameters. The purpose of these parameters would be to allow for the input of system control information for each MIMS daily processing cycle. The information would be required to facilitate SBAS-encoding of assistance benefit expenditures, whether State or county issued; and to allow for entering the beginning warrant sequence number and the appropriate warrant series number for MIMS warrant issuances.

The SBAS-encoding parameters would be required for SBAS interface purposes. The batch number and the document number would need to be reassigned for each daily issuance processing cycle. The Case Categories of Assistance Codes, Case Program Type Codes, AFDC Payment Codes and the associated Responsibility Center Numbers are expected to change less frequently; but these too, would be updated as required. In addition, Responsibility Center Numbers would need to be supplied for encoding Medicaid medical travel advance expenditures and for encoding expenditures for all AFDC and IRA benefits issued to Protective Payees. An Object of Expenditure Code would need to be provided for medical travel advance expenditures and an Object of Expenditure Code would need to be provided for all AFDC and IRA-related benefit expenditures.

The beginning warrant sequence number and the warrant series number would need to be supplied to enable the system to record these numbers on the warrants and on the warrant registers. These numbers would be controlled by the State Auditor's Office, with the beginning warrant sequence number reflecting the first number printed on the next available warrant (stock).

The informational requirements consist of:

- Issuance Date
- Batch Number
- Transfer Warrant Claim Document Number
- Per Each AFDC/IRA Expenditure Category (Case Categories of Assistance/ Case Program Type/AFDC Payment Code)
  - Case Categories of Assistance
  - Case Program Type
  - AFDC Payment Code
  - Responsibility Center Number
- Per the Medicaid Medical Travel Advance Expenditure Category:
  - Responsibility Center Number
  - Object of Expenditure Code
- Per the Protective Payee Expenditure Category: (Per AFDC Payment Code)
  - AFDC Payment Code
  - Responsibility Center Number
- Object of Expenditure Code (for all AFDC and IRA-related benefits)
- Warrant Series Number
- Beginning Warrant Sequence Number

This information would be provided by the Fiscal Bureau.

Warrant Cancellation - Input Screen. The purpose of this screen would be to allow for capturing the identification of AFDC and IRA cases for which warrants were to be cancelled by the Fiscal Bureau. Warrants would be cancelled at the counties request or because the warrants were undeliverable and were returned to the State office. Cancellation of multiple benefit issuances per case should be allowed.

The informational requirements consist of:

- County of Responsibility
- Case Identifier
- For Each Cancellation:
  - Warrant Issuance Date
  - Warrant Sequence Number
  - Warrant Series Number
  - Warrant Issuance Amount
  - Transfer Warrant Claim Document Number
  - Date Warrant Cancelled
  - Reason For Cancellation:
    - Warrant Mutilated
    - Incorrect Address
    - Death of Recipient
    - Incorrect Benefit Amount
    - Recipient No Longer Eligible

This screen should be available only to the Fiscal Bureau. The result of all cancellations should be reflected on historical benefit reports.

Food Coupon Allotment Cancellations - Input Screen. The purpose of this screen would be to allow for capturing the identification of Food Stamp cases that had not received their monthly allotments. The counties would record the allotment cancellations before returning the coupon packets to the State office.

The informational requirements consist of:

- County of Application
- Case Identifier
- Case Program Benefit Period
- Monthly Coupon Allotment
- Reason for Cancellation
  - Incorrect Address
  - Coupons Not Claimed

- Death of Recipient
- Recipient No Longer Eligible
- Incorrect Benefit Amount

. Date of Cancellation

This screen should be available to the County offices. The effect of all cancellations should be reflected on historical benefit reports.

Recertification and Redetermination

The case and client information, that would need to be captured to support this sub-function, should be entered into the system using the Case and Client Input Screen defined above, under Intake.

MANAGEMENT INFORMATION

The sub-functions of this function that have had input requirements defined to support them are: Statistical and Federal Reporting Information and System Control Information.

Statistical and Federal Reporting Information

The input information required to support this sub-function would be the identification of quality control sampling requirements per the federal regulations.

Quality Control Sample - System Parameters. The purpose of these parameters would be to allow for the input of the number of quality control samples required for each sampling, and the interval required for sample selection for each six-month sample period.

The informational requirements consist of:

. For the Sample Frame:
  - Dates Effective (YYMM to YYMM)
  - Case Categories of Assistance

- Case Program Type
- Sample Number Required
- Sample Interval

The quality control parameters should be defined by the Statistics and Research Bureau.

System Control Information

The input information required to support this sub-function has been defined in terms of system control criteria, eligibility control criteria and food stamp inventory information.

System Control Criteria. These input requirements have been defined to control on-line access to and update of system information, to provide a control correlary of position numbers and county information, and to provide address information for the Nursing Homes.

The Terminal Operator Authorization and Password Input and Control Screen has been defined to allow for the capture and maintenance of the on-line access and/or update control information. Usage of this screen would be limited to State office data processing personnel. The purpose of this screen would be to maintain adequate and timely control over system access.

The informational requirements consist of:

. Transaction Code
  - Add Authorized Operator
  - Change Authorization Data
  - Remove Authorized Operator
. Operator Identification (Position Number)
. Password
. Authorization Level(s)
. Updated By (Operator Identification)
. Operator Job Title

- County of Application
- County of Responsibility
- Work Location

The County Information Input Screen has been defined to allow for the capture and maintenance of the county control correlation information. The screen would be made available only to the State data processing personnel, who would receive the source documents from the Economic Assistance Division.

The county control correlation informational requirements consist of:

For Each Transaction:
- Transaction Code:
  - Add
  - Change
  - Delete
- Transaction Type

For Each County Director:
- Name of County Director
- Position Number of County Director
- For Each County of Responsibility Administered by the County Director:
  - County Code Number
  - Revenue Region Number
  - County Name
  - County Address
  - For Each County of Application Within the County of Responsibility:
    - .. County of Application Code
    - .. County of Application - Office Name
    - .. County of Application - Office Address
    - .. County of Application - Office Telephone Number
    - .. County Issuance Office Name
    - .. County Issuance Office Address
      - -- For Each Authorized Position:
        - ... Position Number

... Name of Person Filling the Position
... Additional County (of Application) Offices Served

It should be noted that not all of the informational input requirements would be required for each transaction. County code numbers and position numbers entered elsewhere in the system should be validated against the county control correlation information. The correlation information should also be accessed to provide addresses for system correspondence.

The Nursing Home Name and Address Input Table has been defined to allow for the capture and maintenance of Nursing Home name and address information. Capture of and changes to the information maintained in this table should be accommodated by way of a batch table build and batch updates.

The informational requirements consist of:

- Transaction Code
  - Add
  - Change
  - Delete
- Nursing Home Provider Number
- Nursing Home Name
- Nursing Home Address

Nursing Home provider numbers entered on the Case and Client Input Screen should be validated against this controlling information. This information should also be accessed to provide addresses for system correspondence.

Eligibility Control Criteria. These input requirements have been defined to provide the majority of the financial eligibility control criteria for the AFDC, IRA, Food Stamp and Medicaid Programs. In addition, a limited amount of non-financial information has been defined.

The input requirements that have been delineated in the paragraphs that follow, are those that lend themselves to table definitions. Capture of and changes to

the information maintained in these tables should be accommodated by way of batch table build and/or table replacement.

Additional financial and non-financial control criteria are to be defined at a later date. These criteria would be used to determine program eligibility for the AFDC, IRA, Food Stamp and Medicaid Programs. The criteria would include specific element values, caps, etc.

The AFDC Table of Standards would provide assistance standards for the AFDC Program and the IRA Program. The table should be updated annually. It should be noted, however, that special circumstances could require more frequent updates. This table would provide the AFDC or IRA grant amount per case, once eligibility had been determined.

The informational requirements consist of:

- Standard Effective Date
- Per Each Size of Assistance Unit, When One or Two Adults are Included:
  - Number of Adults in Assistance Unit
  - Assistance Amount Per Month, With Shelter Obligations
  - Assistance Amount Per Day, With Shelter Obligations
  - Assistance Amount Per Month, Without Shelter Obligations
  - Assistance Amount Per Day, Without Shelter Obligations
- Per Each Size of Assistance Unit, When No Adults are Included:
  - Number of Children in Assistance Unit
  - Grant Amount Per Month
  - Grant Amount Per Day

The AFDC Supplemental Payment Table would provide standards for computing supplemental payments for AFDC and IRA Program participants. The table should be updated annually, but it should be noted that special circumstances could require more frequent updates. This table would provide the amount reflecting 80% of the standard, with and without shelter obligation, per each size of assistance unit.

The informational requirements consist of:

- Standard Effective Date
- Per Each Size of Assistance Unit, When Children Are Included:
  - Number of Persons in Assistance Unit
  - 80% of Standard, With Shelter Obligation
  - 80% of Standard, Without Shelter Obligation
- Per Two Adult, No Children Cases:
  - 80% of Standard, With Shelter Obligation
  - 80% of Standard, Without Shelter Obligation

The Medically Needy Income Level Table would provide the controlling standards that would be used to determine if an individual were Medically Needy and whether the individual had any required incurrment amount.

The informational requirements consist of:

- Standard Effective Date
- Per Assistance Unit Size:
  - Number of Children (To include zero)
  - Assistance Standard - One Adult
  - Medically Needy Income Level - One Adult
  - Assistance Standard - Two Adults
  - Medically Needy Income Level - Two Adults
  - Assistance Standard - Children Only
  - Medically Needy Income Level - Children Only

The Basis of Coupon Issuance Table would provide the figures needed to determine eligibility for food stamp coupon allotments. This table should be referenced once a household's size and net monthly income had been determined. The table would need to be updated January 1 of each year.

The informational requirements consist of:

. Per Each Household Size:
  - Household Size
  - Per Each Monthly Net Income Range:
    .. Monthly Net Income Range
    .. Food Coupon Allotment

The Table of Coupon Book Issuance would provide the information on the number of books of each coupon denomination that would need to be provided per each allotment value. It should be referenced to determine the composition of the food coupon packets. It would need to be updated only if the denomination of the coupon books changed, or if the maximum allotment levels increased.

The information requirements consist of:

. Per Each Food Coupon Allotment:
  - Value of Allotment
  - Per Each Denomination of Coupon Book:
    .. Denomination of Book
    .. Number of Books

The AFDC/Medicaid Adverse Action Codes and Citations Table would provide descriptions and citations for the action codes associated with AFDC, IRA, and Medicaid closures and denials.

The informational requirements consist of:

. For Each Adverse Action Code:
  - Adverse Action Code
  - Adverse Action Code Description
  - ARM Citation
  - CFR Citation
  - Adverse Action Effective Date

The Food Stamp Adverse Action Codes and Citations Table would provide descriptions and citations for the adverse action codes associated with Food Stamp closures and denials.

The informational requirements consist of:

. For Each Adverse Action Code:
  - Adverse Action Code
  - Adverse Action Code Description
  - CFR Citation
  - Adverse Action Effective Date

Food Stamp Inventory Information. The input requirement that follows has been defined to allow for the capture and maintenance of food stamp inventory information. It should be noted that the daily State issuances of food coupon packets should automatically be reflected in the inventory.

The State office would provide the input required to record the receipt of coupons from the federal government, to acknowledge shortages and/or overages in the shipments from the federal government, and to record coupon transfers to and from the State supply (i.e. to and from the County offices). The county issuance offices would provide daily input, as required, to reflect in summary, the numbers and denominations of coupon books that were distributed for expedited services and as replacements issuances for both mutilated and lost coupons. The county issuance offices should also provide the input required to record the receipt of coupons from the State office, to acknowledge shortages and/or overages in these shipments, and to record the transfer of coupons to and from the State office.

In addition, the counties should input the entries required for further reporting on each of the mail loss replacement coupon issuances. These detail entries should provide the case identifier of the household reporting the mail loss.

The Food Stamp Inventory Input Screen should be provided to accommodate these types of input.

The informational requirements consist of:

. County Issuance Office or State Office Inventory Identifier
. Inventory Action:
  - For Augmenting An Inventory:
    .. Number and Denomination of Coupon Books To be Added to the Inventory
    .. Reason For Augmentation:
      -- Receipt of Federal Issuance
      -- Receipt of State Issuance
      -- Closure of County Issuance Office
      -- Acknowledgement of Federal Overage
      -- Acknowledgement of State Overage
      -- Acknowledgement of Coupons Returned Due to Allotment Cancellation
  - For Reducing An Inventory:
    .. Number and Denomination of Coupon Books To Be Removed From Inventory
    .. Reason For Reduction:
      -- Expenditures For Mail Loss Replacement
      -- Expenditures For Mutilated Coupon Replacement
      -- Expenditures For Expedited Service Issuance
      -- Acknowledgement of Improper Coupons Discovered Prior to Issuance
      -- Acknowledgement of Shipment Shortage
      -- Acknowledgement of Coupon Transfer
    .. Case Identifier (To be Provided Only When Mail Loss Replacement Issued)

INTERFACE REQUIREMENTS

The purpose of this section of the report is to identify the incoming, outgoing, and accessibility interface requirements of the proposed Montana Income Maintenance System. The requirements that have been identified define automated and non-automated informational exchanges with both State and federal agencies. These requirements have been defined in terms of the proposed system functions.

FISCAL INTERMEDIARY INFORMATION

The informational exchanges that would be required for interfacing with the fiscal intermediary are defined below. They have been categorized in terms of incoming and outgoing requirements. In addition to these automated interfaces, there would be the need for verbal informational exchanges between the Economic Assistance Division and the fiscal intermediary for the resolution of any questions that might arise.

Incoming

Medicaid Medical Expenditures Information. The purpose of this incoming interface is to provide the Economic Assistance Division with information, by way of magnetic media, about the Medicaid benefits that had been provided to the Medicaid Program participants. This information should be provided on a monthly basis, in summary by client, per month of claim payment. It should reflect only those claims that were paid during any given month.

The informational requirements consist of:

- Client's Current Social Security Number
- Client's Previous Social Security Number
- Client's Name
- Per Period of Claim Payment:
  - Year of Claim Payment
  - Month of Claim Payment
  - Total Amount of Claims Paid

The interfacing file should be generated in sequence by Year and Month of Claim Payment within Client's Date of Birth within Client's Name within Client's Previous Social Security Number within Client's Current Social Security Number.

Outgoing

Notification of Medicaid Program Eligibles With Corresponding Third Party Liability Information. The purpose of this outgoing interface is to provide the fiscal intermediary with current information on Medicaid Program eligibles. It should be provided weekly and should consist of update information to complete the fiscal intermediary's history file. This information should be provided to the fiscal intermediary by way of magnetic media.

The informational requirements consist of:

- Date of Transaction
- Type of Transaction
- Client's Current Social Security Number
- Client's Previous Social Security Number
- Client's Name
- Adult or Child Indicator
- Race
- Sex
- Case Identifier (for Medical Assistance)
- Case Name
- Mailing Address (or Protective Payee Address, if applicable)
- County of Responsibility
- Client's Date of Birth
- Client's Date of Death
- Date of Original Eligibility Determination (for Medicaid)
- AFDC Payment Code
- Medicaid Relationship Type
- Client's Medicare Claim Number
- Client's Railroad Retirement Number
- Eligibility Date for Hospital Insurance (Medicare, Part A)
- Termination Date for Hospital Insurance (Medicare, Part A)
- Eligibility Date for Supplemental Medical Insurance (Medicare, Part B)
- Termination Date for Supplemental Medical Insurance (Medicare, Part B)
- Client Program Type

- Client Program Eligibility Period
- Client Retroactive Eligibility Period(s)*
- Client One Day Authorization Date
- Client One Day Authorization Amount
- Client Restrictions**
- Client Program Closure Date
- For Nursing Home Residents:
  - Nursing Home Allotment Information (allow three occurrences)
    - Monthly Allotment to Facility
    - Date Allotment Available
- Third Party Liability Information:***
  - Name of Policy Holder
  - Name of Insurance Company
    - Policy Number
    - Certificate Number
    - Group Number
    - Date Issued
  - Action Code

* Allow three occurrences of this information to be reported.

** Client Restrictions would consist of the identification of medical service providers that would be allowed to be used by the Medicaid card holder.

*** Multiple occurences of this type of information may need to be reported.

The interfacing file should be generated in sequence by Client's Social Security Number within Type of Transaction within Date of Transaction.

ELIGIBILITY DETERMINATION INFORMATION

The interface definitions in the following paragraphs identify the automated and non-automated informational exchanges that would be required to support the Eligibility Determination function. These have been categorized as incoming, outgoing, and accessibility requirements.

Incoming

Enumeration Verification Information. The purpose of this incoming interface is to enable the Economic Assistance Division to comply with federal regulations that specify that the Social Security Numbers, used by assistance program clients, must be verified by the Social Security Administration. The Social Security Administration should provide this verification information magnetically, on a monthly basis. Information on newly assigned Social Security Numbers (that would replace Temporary or duplicate Social Security Numbers) and on Social Security Numbers that had been submitted for verification, but that could not be verified, would be provided.

The informational requirements, for each Social Security Number that had been submitted for verification, consist of:

- For Verified Social Security Numbers:
  - Date Social Security Number Verified
  - Client's Temporary Social Security Number
  - Client's Reported Social Security Number
  - Client's Verified Social Security Number
  - Client's Name
  - Sex
  - Date of Birth
- For Social Security Numbers Not Able To be Verified:
  - Client's Temporary Social Security Number
  - Client's Reported Social Security Number
  - MIMS:
    - Client's Name
    - Sex
    - Date of Birth
  - SSA:
    - Client's Name
    - Client's Verified Social Security Number
    - Sex
    - Date of Birth

Nursing Home Request Information. The purpose of this non-automated, incoming interface is to provide the Economic Assistance Division with personal account information on medicaid recipients residing in nursing homes. The nursing homes should provide this information quarterly, within thirty days after it has been requested.

The informational requirement consists of each client's cummulative personal account amount. The informational request would have identified each client by name and Social Security Number.

Workers' Compensation Information. The purpose of this incoming interface is to enable the Economic Assistance Division to verify unearned income information reported by the assistance program recipients. This source of verification information should be provided magnetically, on a monthly basis, by the Department of Labor and Industry. The information should be provided per recipient of Workers' Compensation Program benefits.

The informational requirements consist of:

- Report Period
- Recipient's Name
- Recipient's Social Security Number
- Recipient's Benefit Category
- Recipient's Benefit Amount

Unemployment Compensation Information. The purpose of this incoming interface is to enable the Economic Assistance Division to verify unearned income information reported by assistance program recipients. This source of verification information should be provided magnetically, on a monthly basis, by the Department of Labor and Industry. The information should be provided per recipient of Unemployment Compensation Program benefits.

The informational requirements consist of:

- Report Period
- Recipient's Name
- Recipient's Social Security Number
- Recipient's Benefit Category
- Recipient's Benefit Amount

Employment Security Information. The purpose of this incoming interface is to enable the Economic Assistance Division to comply with federal regulations that specify that the earned income information, reported by the assistance program recipients, must be verified. This source of verification information should be provided magnetically, on a quarterly basis, by the Department of Labor and Industry. It should be provided for each Montana resident reported to have earned income.

The informational requirements consist of:

- Report Period
- Recipient's Name
- Recipient's Social Security Number
- Per Each Employer Within the Quarter
  - Reported Employer
  - Reported Wages Paid

SSI/SDX Information. The purpose of this incoming interface is to provide the Economic Assistance Division with data needed to establish and/or maintain State Supplementation Program (SS) participation information; Medicaid Program participation information based on Supplemental Security Income (SSI) eligibility; and Food Stamp Program participation information, when Food Stamp recipients are also receiving SS and/or SSI benefits.

The source of this information is the Social Security Administration's SSI/State Date Exchange System (SDX). Magnetic files are provided weekly, monthly and annually, for State use. The content, sequence and frequency of this data exchange is controlled by the State's agreement with the Social Security Administration. The format of all files is identical.

The Weekly SDX Update Files provide information on all SSI accretions and updates that occurred during any given week's SDX processing. The Monthly SDX Treasury Files provide information on payment or recovery actions for any given month. These files are produced as a result of the SDX processing that generates the SSI/SS benefit checks. This processing occurs around the 15th of the month prior to the month that the SSI/SS checks are due. The Annual LEADS File provides information on SSI closures due to Title II cost-of-living increases.

The informational requirements consist of:

- Record Length
- Record Identification Code
- Transaction Code
- SSI Recipient's Social Security Number
- SSI Recipient's Claim Account Number
- Master File Type Code
- SSI Recipient's Name
- Sex Code
- Race Code
- Date of Birth
- Payee's Name
- Payee's Address
- Payee Zip Code
- Current SSI/SS Eligibility Date
- SSI Monthly Assistance Amount
- Advance Payment
- Food Stamp Interview
- Food Stamp Recipient
- Food Stamp Request
- Medicaid Effective Date
- Payment Status Code
- Disability Status Code
- Onset - Disability/Blindness
- Date of Application
- SSI Living Arrangement Code

- Denial Code
- Date of Death
- Marital Status
- Third Party Indicator
- Retroactive Medicaid Indicator
- Medicaid Eligibility Code
- Essential Person Indicator
- Record Source Code
- Record Processing Date
- Net Countable Earned Income Amount
- Net Countable Unearned Income Amount
- SSN Correction Indicator
- Deemed Income Amount
- Individual's Multiple Social Security Number (occurs up to five times)
- State and County Code of Jurisdiction
- Date of Last Transaction
- Resource Code - House
- Resource Code - Vehicle
- Resource Code - Life Insurance
- Resource Code - Income Producing Property
- Resource Code - Other
- Unearned Income Information by Type (up to nine occurrences)
  - Unearned Income Type Code
  - Unearned Income Start Date
  - Unearned Income Stop Date
  - Unearned Income Amount
  - Unearned Income Frequency
  - Unearned Income Claim/Identification Number
  - Unearned Income Validation Code
- Earned Income Wage Estimate
- Net Self-Employment Income Estimate
- Current Record Indicator
- Optional State Supplement Code
- Current State Supplement Amount

Buy-In Billing Information. The purpose of this incoming interface is to provide the Economic Assistance Division with billing records and acknowledgement of State-initiated (from the previous month) accretions, deletions and alterations of SSA Third Party Master information. It will also provide information on claim number corrections and SSA-initiated SSI accretions and deletions.

The file identifies each record as an ongoing item, an accretion, an item under investigation, a deletion, a correction, a rejection or a duplicate. Each record is also identified as to whether it is the State's responsibility or that of SSA. The information should be received by the State by the tenth day of each month.

The informational requirements consist of:

For Billing Records and Acknowledgements of State actions:

- Buy-in Social Security Claim Number (CAN), also referred to as the Medicare Claim Number
- Buy-in Client's Name
- Buy-in Sex Code
- Date of Birth
- Agency Code
- Buy-in Eligibility Code
- Buy-in Sub-Code
- Date-Agency Code
- Billing Date
- Transaction Code
- Transaction Date
- State Identification Number*
  - Social Security Number
  - County of Responsibility
- Premium Amount

For Claim Number Corrections:

- Incorrect or Inactive Claim Number
- Buy-in Recipient's Name
- Buy-in Sex Code

- Correct Buy-in Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Agency Code
- Billing Date
- Transaction Code
- State Transaction Code
- Transaction Date
- State Identification Number*
  - Social Security Number
  - County of Responsibility

For SSA-initiated SSI Accretions and Deletions:

- Buy-in Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Buy-in Recipient's Name
- Buy-in Sex Code
- Date of Birth
- Living Arrangement Code
- SSI Status Code
- Agency Code
- Buy-In Eligibility Code
- Billing Date
- Transaction Code
- Transaction Date
- State Identification Number*
  - Social Security Number
  - County of Responsibility
- Zip Code
- Premium Amount

* For SSA-initiated accretions, this field would reflect the recipient's Social Security Number and County of Residence Code. The field should be replaced by the State-assigned identification number.

BENDEX Information. The purpose of this incoming interface is to provide the Economic Assistance Division with the requested benefit information on assistance recipients, as maintained and supplied by the Social Security Administration.

Each July, the SSA would provide a complete exchange, that is, it would send the State the status of all active BENDEX benefit exchange records. Each month thereafter, SSA would provide the status of only newly accreted or changing benefit records.

The informational requirements consist of:

- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- SSA Recipient's Name
- Sex
- Date of Birth
- Proof of Date of Birth
- Agency Code
- Record Source Code
- Category Code
- State Control Data
- Old BIC
- Social Security Number
- Payment Status Code
- Monthly Benefit Payable
- Initial Date of Entitlement
- Communication Code
- SSI Indicator
- SMI Option Code
- SMI Entitlement Date
- SMI Premium Amount
- SMI Premium Payer
- SMI Termination Date
- HI Option Code
- HI Entitlement Date

- HI Premium Amount
- HI Termination Date
- State and County Code
- Railroad Retirement Board Status Code
- Black Lung Entitlement Status
- Beneficiary's Own Social Security Number
- Dual Entitlement Indicator
- Date of Disability Onset

It should be noted that entitlement to more than one claim number could result in multiple records being sent to the State.

Title IV-D Child Support Collection Information. The purpose of this non-automated incoming interface is to provide the Economic Assistance Division with information about the Title IV-D recovery operations, performed by the Department of Revenue. This information should be provided to the Economic Assistance Division on a monthly basis, in hard-copy format. It would be referenced by the Eligibility Technicians, who would determine if the Title IV-D child support collections necessitated any AFDC case closures.

The informational requirements consist of:

- Report Date
- Absent Parent's Social Security Number (or Assigned Number)
- Case Identifier
- Child's Verified or Temporary Social Security Number
- Amount of Child Support Collection
- Date of Child Support Collection

Accessibility

Foster Care Payment Information. The purpose of this interface is to provide the Economic Assistance Division with the monthly status of MIMS-related foster care cases. Monthly, the proposed system would need to access the current status of this information in the batch mode, during the non-prime shift (after

5 p.m. and before 8 a.m.). Access would be required per Client's Social Security Number.

The informational requirements consist of:

- Name of Foster Care Recipient
- Date Foster Care Case Closed
- Foster Care Case Address (if not the same as MIMS resident address information)

It should be noted that this interface requirement is not able to be satisfied at this time, as Social Security Numbers are not recorded in the Foster Care Payment System; and because the source system currently operates on the SRS System 32.

Foster Care Trust Account Information. The purpose of this on-line interface is to provide the Eligibility Technicians with access to the current amount of unearned income reported in the Foster Care Trust Account System. This information would need to be available for inquiry during prime shift (between the hours of 8 a.m. and 5 p.m.).

The informational requirements:

- Name of Foster Care Recipient
- Date of Birth of Foster Care Recipient
- Foster Care Trust Account Balance

It should be noted that this interface requirement is not able to be satisfied at this time, as Social Security Numbers are not recorded in the Foster Care Trust System; and because the source system currently operates on the SRS System 32.

Accounts Receivable Information. The purpose of this interface is to provide the current status of repayment accounts assigned to assistance program recipients, as maintained by the Accounts Receivables System. Two means of accessibility to

this information would be required. One interface would need to be an on-line inquiry to provide State office personnel and the Eligibility Technicians with the status of current and delinquent repayment accounts assigned to any particular recipient, according to that client's name and/or Social Security Number. The second interface would need to be system reference to the information on repayment accounts. System reference capabilities would be required whenever an application was processed initially; and, at which time, all adult case member names and Social Security Numbers would be used to interrogate the repayment account information.

The informational requirements consist of:

- For Each Adult Case Member:
  - Client Name
  - Client's Social Security Number
  - For Each Repayment Agreement:
    - .. Repayment Account Identifier
    - .. Case Name
    - .. Case Identifier
    - .. County of Application
    - .. County of Origin
    - .. Status of Account
    - .. Method of Payment
    - .. Type of Account
    - .. Amount of Repayment Agreement
    - .. Date Repayment Agreement Signed
    - .. Amount of Monthly Repayment Due
    - .. Current Balance Outstanding
    - .. Date Most Recent Payment Received

It should be noted that these interface requirements are not able to be satisfied at this time, as Social Security Numbers are not recorded in the Accounts Receivable System; and because that system currently operates on the SRS System 32.

It should also be pointed out that there is a non-automated informational exchange between the Program Integrity Bureau and the E.T.'s. Whenever the balance remaining on a repayment agreement account nears zero, it is the responsibility of the Recoveries Section to inform the E.T. of the situation. It is the E.T.'s responsibility to reduce the repayment agreement account amount accordingly and/or to remove the repayment reduction information from MIMS.

Outgoing

Accounts Receivable Information. The purpose of this outgoing interface is to provide the Accounts Receivable System with a magnetic image of repayment reductions and repayment reduction reversals (due to benefit cancellations) that should be applied as a result of MIMS activity.

The informational requirements consist of:

- Repayment Account Identifier
- Date of Repayment Account Activity
- Amount of Grant Reduction

  OR
- Amount of Grant Reduction Reversal
- Control Total Amount of Grant Reductions
- Control Total Amount of Grant Reduction Reversals

It should be noted that these informational requirements would need to be reviewed if the Accounts Receivable System were modified.

Buy-In Accrete, Delete and Alteration Information. The purpose of this outgoing interface is to advise the Social Security Administration (SSA), of State-initiated Buy-in accretions, deletions and alterations to update the SSA Third Party Master. It would also provide State identification numbers for Buy-in participants that were SSA-initiated SSI accretions. The file should be generated on a monthly basis and sent to SSA to be received no later than the 25th day of each month.

The informational requirements consist of:

- Buy-in Social Security Claim Number (CAN), also referred to as Medicare Claim Number*
- Buy-in Recipient's Name
- Buy-in Sex Code
- Date of Birth
- Agency Code
- Buy-in Eligibility Code
- Transaction Code
- Transaction Date
- State Identification Number
  - Client's Social Security Number
  - County of Responsibility

* May be pseudo claim number derived from Railroad Retirement claim number. May be Health Insurance translation of claim number used by SSA.

BENDEX Accrete, Delete and Alteration Information. The purpose of this outgoing interface information is to advise the Social Security Administration (SSA) of State-initiated accretions, deletions and alterations to update the SSA Beneficiary Data Exchange System. The file should be generated on a monthly basis and sent to SSA to be received no later than the 25th day of each month. The file should identify new assistance recipients and assistance recipients whose information has changed, and about whom SSA beneficiary data is being requested.

No BENDEX activity should be initiated for assistance recipients to whom Temporary Social Security Numbers had been assigned.

The informational requirements consist of:

- Social Security Claim Number (CAN), also referred to as Medicare Claim Number
- Client's Name
- Sex

- Date of Birth
- Agency Code
- Category Code
- State Communication Code
  - Social Security Number
  - County of Responsibility
- State Control Data

MANAGEMENT INFORMATION

The interface definitions in the following paragraphs identify the automated and non-automated informational exchanges that would be required to support the Management Information function. These have been categorized as outgoing requirements.

Outgoing

Transfer Warrant Claim Information (SBAS Form 231). The purpose of this outgoing interface is to provide the Statewide Budgeting and Accounting System with information required to record MIMS-issued assistance benefit expenditures. This information should be provided daily, in summary and by way of magnetic media. Hard-copy reference reporting for this information would be provided on the MIMS Daily Warrant Register.

The expenditure information should be generated to meet the RJE format requirements for '231', input into SBAS, including batch, tranfer-to and transfer-from information. The transfer-from information should be mini-coded and summarized per Responsibility Center.

The informational requirements consist of:

- For the Batch Header Record (one per day)
  - Process Date
  - Form Code (231)
  - Total Batch Transaction Amount

- Card Number (0)
- Batch Number

. For Transfer-To Records: (one per document)

- Transaction Date
- Form Code (231)
- Input Agency (6901)
- Document Number
- Record-for Agency (6101)
- Accounting Entity (07300)
- Debit Control Account (1104)
- Credit Control Account (2201)
- Amount
- Multiple Vendor Indicator (X)
- External Warrant Source Indicator (X)
- Card Number (1 and 2)
- Batch Number

. For the Responsibility Center Summary Records:

- Transaction Date
- Form Code (231)
- Input Agency (6901)
- Document Number
- Record-for Agency (6901)
- Amount
- Responsibility Center Number
- Responsibility Center Sign (+)
- Object of Expenditure Code
- Card Number (1 and 2)
- Batch Number

This information should be made available to the Statewide Budgeting and Accounting System by 6:00 p.m. each day.

Warrant Source Information. The purpose of this outgoing interface is to provide the State Auditor's Warrant System with outstanding warrant information on the AFDC and IRA warrants and the IRA, AFDC and Medicaid medical travel reimbursement

warrants that would be issued by the proposed system. This information would need to be provided on magnetic media each time MIMS issued warrants.

The informational requirements consist of:

- Warrant Series Number
- Warrant Sequence Number
- For AFDC and IRA Warrants:
  - Responsible Adult or Protective Payee
  - Residence or Protective Payee Address
- For County of Reimbursement Warrants:
  - County Name
  - County Address
- Agency (6901)
- Accounting Entity (07300)
- Warrant Type
- Warrant Amount
- Warrant Issuance Date
- Warrant Description
- Batch Total Information:
  - Number of Records
  - Total Warrant Amount
  - Agency Field Hash Total
  - Warrant Number Field Hash Total

Notice of Warrant Cancellation (SBAS Form 238).

The purpose of this non-automated interface with the Statewide Budgeting and Accounting System is to insure that the dollars reflected in MIMS warrants, that are returned to the Economic Assistance Division for cancellation, are credited back to SRS. This interface insures proper notification to the State Auditor's Warrant System as well.

The information required to complete the Notice of Warrant Cancellation would be available each month on the Warrant Cancellation Listing.

HARDWARE/SOFTWARE CONSIDERATIONS

The purpose of this section is to identify hardware/software considerations for the proposed system.

These considerations include a description of:

- Current Computer Services Division (CSD) System Environment
- Current SRS System Environment
- Proposed System Impact on CSD
- Proposed System Impact on SRS, Data Processing Bureau
- Proposed System Hardware Requirements
- Proposed System Software Requirements
- Assistance Program Caseloads
- Personnel/Transaction Volume/Equipment Comparisions

CURRENT CSD SYSTEM ENVIRONMENT

The Department of Administration's Computer Services Division (CSD) manages a centralized computer services facility, with a wide range of services available to State agencies.

Services include Data Entry, Text/Document processing, pre- and post- computer production job management, computer job processing, management of the State Teleprocessing Network, and equipment and supply procurement. Also provided is technical and managerial consulting assistance. Management and technical advisors are available to assist agencies in planning, data base technology, all technical disciplines, and teleprocessing network planning.

The Data Entry facility utilizes the IBM 3760 key to disk stations for most applications, but several alternatives are available for specialized applications.

The Text/Document facility utilizes the IBM 6670 terminals and ATMS. Training on ATMS is available at the request of the user agencies.

Input Output Services manages pre- and post- computer processing, operating within a strict set of procedures governing work flow. These procedures require user agency adherence to certain standards and procedures before "Production" work is managed. Use of Input Output Services is at the option of the individual agency.

Computer job processing is accomplished on an IBM 3033N computer system, with 12 megabytes of memory. The operating system, or control software which manages a "USER" job as it runs on the computer, is currently IBM's OS/VS2 MVS (Multiple Virtual Storage).

Resources available to the computer system include nine track tape drives (various densities 800, 1600, 6250 BPI), IBM 3330-II and 3350 disk drives, printers, a card reader, a card punch, and a drum plotter. Several disk drives are available for "USER" disk pack mounting. Tapes and disk packs are available on a rental basis.

There are several major subcontrol software systems available for "USER" agencies. These include a full complement of language compilers (OS/VS ASSEMBLER-F and H, OS/VS COBOL, OS FORTRAN Levels G and H extended, OS PL1 Optimizer Compiler, OS RPG, and VS BASIC via TSO); specialized problem solving or statistical systems (SPSS, BMDP, CALCOMP, BMD); a data base management system (IDMS/CULPRIT); report writing systems (MARK IV, DLY250, DYL260); a text processing system (ATMS III); the Capex Corporation's Optimizer III; a library management facility (PANVALET); a tape management system (TMS); a test data generator (DATAMACS); a project control system (PC/70); a wide variety of utility programs (SYNCSORT, FAST DUMP RESTORE, IBM's utilities, etc.); and multiple access methods (BDAM, DPAM, BTAM, ISAM, SAM, VSAM, and VTAM). The major applications teleprocessing monitors are IBM's CICS and TSO/SPF packages, with TSO/SPF primarily being used for remote job creation, submission and retrieval, as well as general purpose time-sharing. The Division also supports the ALTER system for the State Legislature and Remote Job Entry (RJE) via JES2.

The teleprocessing network serves most major population centers in the State, and hookups are available virtually anywhere in Montana. Specialists are available to assist USERS in planning teleprocessing networks or individual line connections. All teleprocessing connections are required to interface to IBM equipment (specifically 3705) and to use standard IBM control software protocols for interaction.

All services provided, except some consulting assistance, are on a charge-back basis with agencies being billed monthly. Further information on services, rates, or policies and procedures may be obtained by contacting the Division Administrator, Computer Services Division, Mitchell Building, Helena, Montana.

CURRENT SRS SYSTEM ENVIRONMENT

The Data Processing Bureau of the Centralized Services Division of the Department of Social and Rehabilitation Services provides many data processing services to the SRS user agencies.

Services include data entry; remote job entry; system development, maintenance, enhancement and production recovery for SRS systems; and computer job processing.

The data entry services are provided primarily using the 3740 data entry stations (diskette). Some online CICS entry is also performed by the data entry section personnel.

Remote job entry (RJE) services to the CSD computer services facility are provided by the operations section using the SRS 8100 System.

Systems development, maintenance, enhancement and production recovery services are provided by a small staff of programmer/analysts in the systems development section.

Computer job processing is performed by the operational section and is accomplished using the capabilities of the SRS 8100 System and/or the capabilities of the CSD computer services facility.

SRS utilizes both direct and remote CSD capabilities. Direct services are used when processing requests are submitted to CSD Input Output Services by way of the SRS operations section courier service. Remote services are used when SRS CRT terminals located throughout the department utilize RJE, TSO/SPF or CICS and when the SRS RJE station is operating.

The SRS 8100 System is a stand-alone computer (IBM) capable of performing many of the functions of a larger computer, but on a smaller scale. The 8100 can perform batch processing, remote job entry and online processing. The 8100 communicates with the CSD (host) computer using RJE and it supports the SRS online terminals that use host systems such as ATMS, CICS and TSO/SPF.

PROPOSED SYSTEM IMPACT ON CSD

Development of the proposed system would impact CSD in terms of the technical and managerial consulting assistance that would need to be provided for data base technology, CICS and teleprocessing network planning.

The operation of the proposed system would not affect CSD's personnel workload because data entry and input output services (I/O Control) would be performed by SRS and county personnel. However, the proposed system would increase CSD's current automated system workload, particularly in the area of teleprocessing and on-line direct access storage requirements.

Teleprocessing

Activity on the CICS teleprocessing monitor would increase substantially to accommodate the proposed system's on-line update and inquiry capabilities. The network would be required to support an additional 59 video display terminals and 22 attached hardcopy printers remotely located in the state offices and in the county offices throughout Montana. The CICS network would also be used for the daily routing of batch hardcopy output (SYSOUT=8) to the remote printers.

Direct Access Storage

Utilization of CSD on-line direct access storage would increase substantially as comprehensive case/client and system control data would be stored for ready access and update by the on-line portion of the proposed system.

PROPOSED SYSTEM IMPACT ON SRS, DATA PROCESSING BUREAU

Development of the proposed system would impact the SRS, Data Processing Bureau primarily in the data entry and the systems development sections.

The data entry section would probably be eliminated since the majority of that section's workload is attributable to the current MIMS operating procedure. It is further anticipated that the remaining data entry workload would be offloaded to CSD.

The systems development section would require two additional FTE for maintenance and proposed system start-up support.

Administrative and operations section support requirements would be impacted minimally. It is anticipated that current staffing would be sufficient.

PROPOSED SYSTEM HARDWARE REQUIREMENTS

The teleprocessing capabilities of the proposed system would require the acquisition of 59 video display terminals and 22 printers. The terminals and printers would be located in four state offices and 42 county offices. County equipment distribution has been determined based on anticipated caseload levels and the number of Eligibility Technicians involved (Refer to Figure E). Please refer to Figure A for details on the recommended equipment considerations and equipment distribution as seen through the eyes of the previous MIMS Project Manager, Bob Morgan. Also, refer to Figure B, for the project analysts' suggested equipment configuration for each county identified in Figure A. However, before referring to Figure B, please review the background information below.

It should be noted that the suggested equipment configuration is based on standard state usage. This equipment would facilitate the on-line requirements that have been defined, but it should not be considered as the only alternative in vendor and/or model determination.

The first terminal in each county location would be an IBM 3276 Model 12 video display station. Each 3276 contains a built-in control unit and is capable of supporting up to seven 3278 and/or 3287 terminals. The 3276 would include the following features:

3255	Terminal Adapter #1 (required for devices 3 & 4, if applicable)
3256	Terminal Adapter #2 (required for devices 5 & 6, if applicable)
3701	External Modem Interface
4627	87-key EBCDIC Typewriter Keyboard
4690	Keyboard Numeric Lock
6302	Communications Feature Without Lock

The second terminal (if appropriate) would be an IBM 3278 video display terminal with the 4627 and the 4690 features.

The 3287 printers, both Models 1 and 2, have 132 print positions and print capabilities of 80 and 120 characters per second, respectively. Counties with high caseloads; multiple terminals; or inter-county, equipment-sharing requirements would generally be given the faster printer, 3287 Model 2. (Each 3287 would require an attachment feature and a variable width forms tractor feature.)

Equipment delivery schedules should be taken into consideration. The 3276 and the 3278 terminals would need to be ordered eighteen months prior to the date identified for delivery and the 3287 printers would need to be ordered twenty-four months before the date identified for delivery.

MONTANA

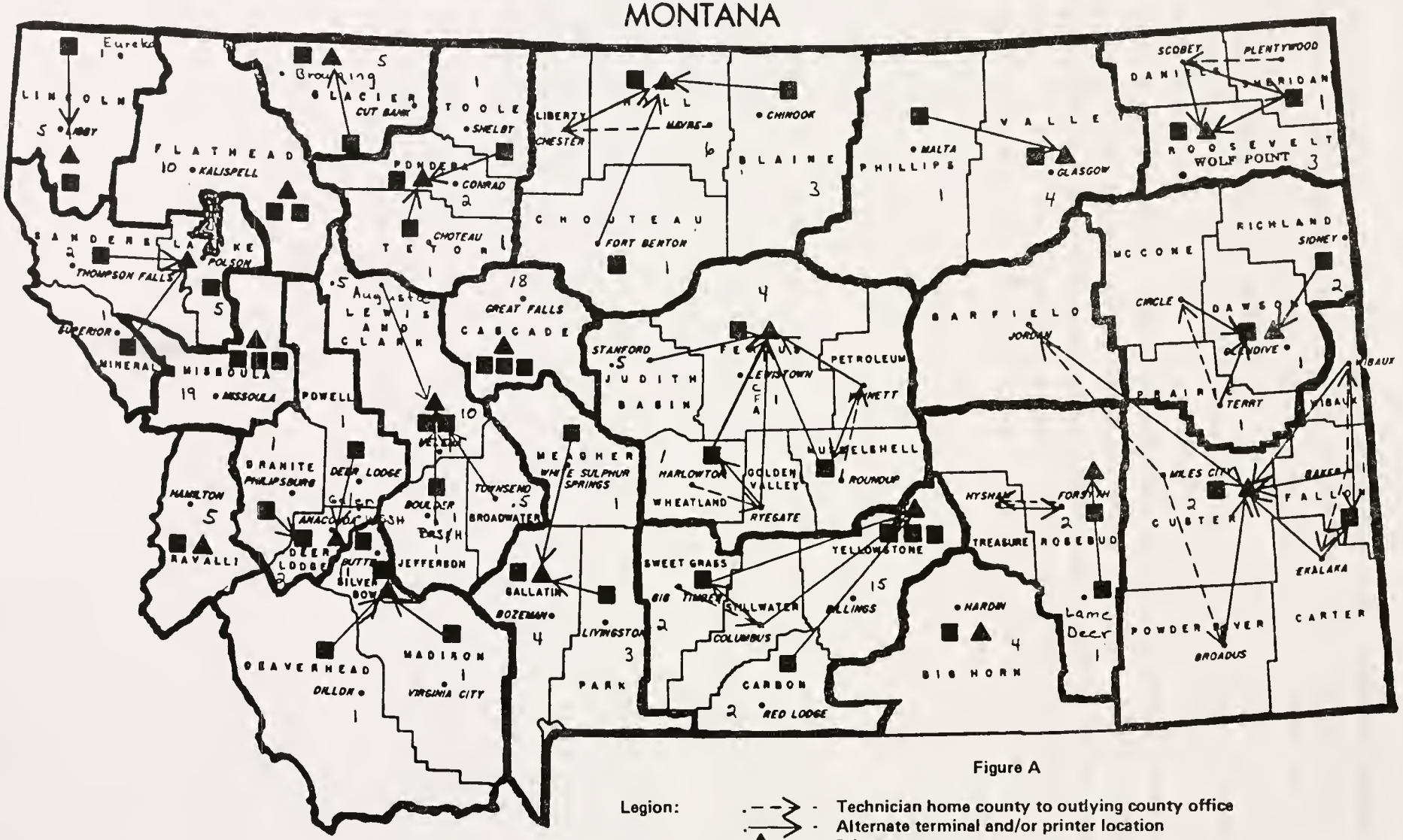


Figure A

Legion:

- .— —> - Technician home county to outlying county office
- .——> - Alternate terminal and/or printer location
- ▲ - Printer
- ■ - Terminal
- No's - Number of technicians in county or county location (Sub-office or Institution)
- BRS&H - Boulder River School and Hospital
- CFA - Center for Aged
- WSSH - Warm Springs State Hospital

County	Location	IBM Terminals 3276	IBM Terminals 3278	IBM Device Adapter	IBM 3287 Printers M1	IBM 3287 Printers M2	Other Counties Supported E = Eligibility Technician; T = Terminal; P = Printer
1. Beaverhead	Dillon	1			(Butte)		
2. Big Horn	Hardin	1			1		
3. Blaine	Chinook	1			(Havre)		
4. Broadwater	Townsend	(Helena)			(Helena)		
5. Carbon	Red Lodge	1			(Billings)		
6. Carter	Ekalaka	(Baker)			(Miles City)		
7. Cascade	Great Falls	1	2	1		1	
8. Chouteau	Fort Benton	1			(Havre)		
9. Custer	Miles City	1			1		P - Carter, Fallon, Garfield, Powder River, Wibaux E & T - Garfield, Powder River
10. Daniels	Scobey	(Plentywood)			(Wolf Point)		
11. Dawson	Glendive	1			1		P - McCone, Prairie, Richland T - McCone, Prairie
12. Deer Lodge	Anaconda	1				1	P - Granite, Powell
	Warm Springs (70)	(Anaconda)			(Anaconda)		
	Galen (71)	(Anaconda)			(Anaconda)		
13. Fallon	Baker	1			(Miles City)		E & T - Carter, Wibaux
14. Fergus	Lewistown	1				1	P - Golden Valley, Judith Basin, Musselshell, Petroleum, Wheatland T - Judith Basin
	Center for Aged (73)	(Lewistown)			(Lewistown)		
15. Flathead	Kalispell	1	1	1		1	
16. Gallatin	Bozeman	1				1	P - Meagher, Park
17. Garfield	Jordan	(Miles City)			(Miles City)		
18. Glacier	Browning	1			1		
	Cut Bank	1			(Browning)		
19. Golden Valley	Ryegate	(Harlowton)			(Lewistown)		
20. Granite	Philipsburg	1			(Anaconda)		
21. Hill	Havre	1				1	P - Blaine, Chouteau, Liberty E & T - Liberty
22. Jefferson	Boulder	1			(Helena)		
	BRS & H (72)	(Boulder)			(Helena)		
23. Judith Basin	Stanford	(Lewistown)			(Lewistown)		

Figure B

County	Location	IBM Terminals 3276	IBM Terminals 3278	IBM Device Adapter	IBM 3287 Printers M1	IBM 3287 Printers M2	Other Counties Supported E = Eligibility Technician; T = Terminal; P = Printer
24. Lake	Polson	1				1	P - Mineral, Sanders
25. Lewis & Clark	Helena	1	1	1		1	P - Broadwater, Jefferson; T - Broadwater
	Augusta	(Helena)			(Helena)		
26. Liberty	Chester	(Havre)			(Havre)		
27. Lincoln	Libby	1			1		
	Eureka	1			(Libby)		
28. Madison	Virgina City	1			(Butte)		
29. McCone	Circle	(Glendive)			(Glendive)		
30. Meagher	White Sulphur Springs	1			(Bozeman)		
31. Mineral	Superior	1			(Polson)		
32. Missoula	Missoula	1	2	1		1	
33. Musselshell	Roundup	1			(Lewistown)		E & T - Petroleum
34. Park	Livingston	1			(Bozeman)		
35. Petroleum	Winnett	(Roundup)			(Lewistown)		
36. Phillips	Malta	1			(Glasgow)		
37. Pondera	Conrad	1				1	P - Lewis & Clark (Augusta), Teton, Toole
38. Powder River	Broadus	(Miles City)			(Miles City)		
39. Powell	Deer Lodge	1			(Anaconda)		
40. Prairie	Terry	(Glendive)			(Glendive)		E - McCone
41. Ravalli	Hamilton	1			1		
42. Richland	Sidney	1			(Glendive)		
43. Roosevelt	Wolf Point	1				1	P - Daniels, Sheridan
44. Rosebud	Forsyth	1			1		P, E & T - Treasure
	Lame Deer	1			(Forsyth)		
45. Sanders	Thompson Falls	1			(Polson)		
46. Sheridan	Plentywood	1			(Wolf Point)		E & T - Daniels
47. Silver Bow	Butte	1	1	1		1	P - Beaverhead, Madison
48. Stillwater	Columbus	(Big Timber)			(Billings)		
49. Sweetgrass	Big Timber	1			(Billings)		E & T - Stillwater
50. Teton	Choteau	1			(Conrad)		
51. Toole	Shelby	1			(Conrad)		
52. Treasure	Hysham	(Forsyth)			(Forsyth)		
53. Valley	Glasgow	1			1		P - Phillips
54. Wheatland	Harlowton	1			(Lewistown)		E & T - Golden Valley

Figure B

County	Location	IBM Terminals 3276	IBM Terminals 3278	IBM Device Adapter	IBM 3287 Printers M1	IBM 3287 Printers M2	Other Counties Supported E = Eligibility Technician; T = Terminal; P = Printer
55. Wibaux	Wibaux	(Baker)			(Miles City)		
56. Yellowstone	Billings	1	2	1		1	P - Carbon, Stillwater, Sweetgrass
SRS Offices							
Audit and Program Compl. Div.			1				
Centralized Services Division							
Data Processing Bureau		1		2			
Fiscal Bureau			1				
Economic Assistance Division			2			1	
TOTAL		46	13	8	8	14	

Figure B

PROPOSED SYSTEM SOFTWARE REQUIREMENTS

Based on the data relationships and the various levels of required security and control, it is anticipated that data base technology would be utilized by the proposed system. It is further anticipated that the teleprocessing monitors would be utilized to facilitate on-line data entry, inquiry, and update; and to enable the routing of batch hardcopy output to the remote printers.

ASSISTANCE PROGRAM CASELOADS

The following figures and assumptions document the caseload activities used in preparing this section of the report and used in arriving at cost projections documented in Section 12 - Cost Projections. The statistics reflect known 1980 average caseload figures for AFDC/IRA and Medicaid as well as estimated caseload figures for the Food Stamp Program.

Average Monthly Caseload

7,200	AFDC/IRA Cases
9,500	Medical Assistance Cases (Cases not on AFDC/IRA)
= 16,700	Cases recorded on current MIMS (average)
+ 12,500	Food Stamp Cases (Non-Assistance, estimate)
+ 690	County Cases (Cases not associated with the above caseloads. These cases consist of County Medical, Medical, Emergency Assistance and General Assistance Cases).
29,890	Total Assistance Program Average Monthly Caseload

Figure C

Average Monthly Transaction Counts

9,000	AFDC/IRA and/or Medical Assistance Cases (estimated at 54% per month)
9,100	Food Stamp Cases (estimated @ 73% per month)
345	County Cases (estimated @ 50% per month)
18,445	Total Assistance Program Average Monthly Transaction Count

Figure D

Average Monthly Caseload of 29,890 ÷ into Average Monthly Transaction Count of 18,445 = Approximately 62 percent of cases updated each month.

Average Monthly Transaction Count of 18,445 ÷ by Average Number of Days Per Month of 20 = 922.25 for the Daily Average Transaction Count.

Average Monthly Transaction Count of 18,445 ÷ by Average E.T. Count of 170 = 108.5 Transactions Per Month Per E.T., which when ÷ by 20 Days Per Month = 5.43 Transaction Per E.T. Per Day.

It is anticipated that the Average Monthly Caseload will remain constant. It is further anticipated that the Average Monthly Transactions Count will increase by approximately 150% due to the significant increase in information that would be maintained by the proposed system. The Anticipated Average Monthly Transaction Count is 27,667. It should also be noted, however, that the current definition of a transaction and the actual transaction definitions that would be developed in relationship to the proposed system might not necessarily be synonymous.

Using the Anticipated Average Monthly Transaction Count of 27,677; the Anticipated Daily Average Transaction Count is 1383.35; the Anticipated Number of Transactions Per Month Per E.T. is 162.8 and the Anticipated Number of Transactions Per E.T. Per Day is 8.14.

PERSONNEL/TRANSACTION VOLUME/EQUIPMENT COMPARISONS

Figure E presents conservative estimates of monthly transaction volumes. These estimated volumes were derived by taking into account: an estimated county caseload as a percentage of the state-wide average monthly caseload (Figure C); the estimated percentage of each caseload that would require monthly update (Figure D); and an anticipated increase of 150% in transaction volume. These figures are based on interviews with EAD and Statistics and Research Bureau personnel. (Currently no state-wide data collection system provides unduplicated counts on assistance program participation.) It should also be noted that the impact of General Assistance, Emergency Assistance and County Medical Program participation has not been reflected on Figure E due to the low volume of

anticipated monthly activity which is estimated to be approximately 518 transactions state-wide.

The hardware configuration that has been proposed addresses the on-line processing requirements that have been defined. All Eligibility Technicians are required to have access to a terminal for inquiry and input of case and client information. Additionally, localized output printer capabilities are required to reduce document turnaround and report distribution time and to enable the timely generation of hardcopy displays as needed. As you can see by referring to Figure E, there is a wide range in the Assistance Program Caseload per Eligibility Technician. There is also a vast difference in the anticipated terminal usage.

Figure E has been provided to summarize known quantities as well as anticipated quantities. It should be referenced and updated as specific quantities are determined, as future program policies and procedures are defined, and/or as program funding restrictions are imposed at county, State or federal levels.

County	Number of Eligibility Technicians	Number of Monthly Transactions (Anticipated)*	Recommended Number of Terminals	Average Length of Time Allowed Per Transaction**
1. Beaverhead	1	231	1	46.75
2. Big Horn	4	382	1	28.27
3. Blaine	3	313	1	34.50
4. Broadwater	.5	116	(Lewis & Clark)	
5. Carbon	2	188	1	57.47
6. Carter		15	(Fallon)	
7. Cascade	18	3,359	3	9.65
8. Chouteau	1	55	1	196.36
9. Custer	2	313	1	32.24
10. Daniels		24	(Sheridan)	
11. Dawson	1	116	1	72.48
12. Deer Lodge	2	728	1	14.84
13. Fallon	1	68	1	102.86
14. Fergus	5	307	1	32.43
15. Flathead	10	1,647	2	13.11
16. Gallatin	4	786	1	13.74
17. Garfield		4	(Custer)	
18. Glacier	5	845	2	25.56
19. Golden Valley		4	(Wheatland)	
20. Granite	1	112	1	96.43
21. Hill	6	681	1	15.58
22. Jefferson	1	239	1	45.19
23. Judith Basin	.5	26	(Fergus)	
24. Lake	5	938	1	11.51
25. Lewis & Clark	10.5	1,990	2	10.25
26. Liberty		12	(Hill)	
27. Lincoln	6	1,098	2	19.67
28. Madison	1	55	1	196.36
29. McCone		7	(Dawson)	
30. Meagher	1	54	1	200.00
31. Mineral	1	163	1	66.28
32. Missoula	19	3,439	3	9.42
33. Musselshell		97	1	111.34
34. Park	3	327	1	33.03
35. Petroleum			(Musselshell)	
36. Phillips	1	143	1	75.52
37. Pondera	2	158	1	68.35
38. Powder River		18	(Custer)	
39. Powell	1	313	1	34.50
40. Prairie	1	26	(Dawson)	
41. Ravalli	5	748	1	14.44
42. Richland	2	259	1	41.70
43. Roosevelt	3	381	1	28.37
44. Rosebud	3	491	2	42.77
45. Sanders	2	231	1	46.75
46. Sheridan	1	72	1	112.50
47. Silver Bow	11	1,822	2	11.86
48. Stillwater		68	(Sweet Grass)	
49. Sweet Grass	2	14	1	131.71
50. Teton	1	95	1	113.68

County	Number of Eligibility Technicians	Number of Monthly Transactions (Anticipated)*	Recommended Number of Terminals	Average Length of Time Allowed Per Transaction**
51. Toole	1	170	1	63.53
52. Treasure		14	(Rosebud)	
53. Valley	4	544	1	19.85
54. Wheatland	1	19	1	469.57
55. Wibaux		22	(Fallon)	
56. Yellowstone	15	2,543	3	
TOTALS:	170.5	26,890	54	N/A

* A transaction references an exchange of data, and it cannot at this time be associated with a given format.

** Average Length of Time Allowed Per Transaction (Per Month) is based on the availability of nine hours each day for each of twenty days during any month (9 x 20 x 60 = 10800 minutes per terminal per month). Length of time expressed in available minutes.

Figure E

CONVERSION REQUIREMENTS

The purpose of this section of the report is to identify the requirements for conversion of existing assistance program information for retention by the proposed system. The scope and objectives of conversion, the sources of existing information, the procedures for capturing information, and the requirements for validity of the converted information are defined on the pages that follow. Conversion considerations have also been identified.

SCOPE

The conversion endeavor would address both the automated and non-automated sources of assistance program information, and would consist of both automated and non-automated conversion procedures to support activity at both the State and county levels.

The conversion endeavor would effect the current MIMS; SDX, BENDEX, Buy-In, and Enumeration interfaces; and SBAS, AWS and Revenue informational exchanges.

The conversion would address only current and on-going assistance program information. No historical information would be converted.

OBJECTIVES

The conversion objective would be to convert active and pending recipient information currently being manually maintained for Food Stamp Program recipients and automatically maintained by the existing MIMS for Aid to Families With Dependent Children (AFDC), Indochinese Refugee Assistance (IRA), and Medicaid Program recipients to the format, and with the integrity and levels of completeness, dictated by the proposed system. The objective is also to convert the assistance program information without duplicating or delaying the issuance of AFDC, IRA, Food Stamp and/or Medicaid benefits during the process.

The conversion objective would also be to begin recording General Assistance (GA), Emergency Assistance (EA), and County Medical Program benefits as these benefits were deemed appropriate and were provided by county personnel.

The final conversion objective would be to utilize the proposed system capabilities, as much as possible, to perform the conversion task. The approach should keep the conversion costs down.

SOURCES

The sources of existing assistance program information include: the EAD Assistance Program Manuals, the current MIMS, the county case records, SRS support and reference systems, and the assistance program recipients. Information from all of these sources would be required, as is defined below. It should be noted, however, that although there are existing systems supporting the federal interfaces, none of the information being maintained by these systems (at the state level) would be required as conversion source information.

EAD Assistance Program Manuals

The program manuals would need to be manually referenced to establish the financial and non-financial policy control criteria for the proposed system. Additionally, they would need to be referenced for the manual entry of additional system control criteria such as: adverse action codes and citations, nursing home names and addresses, county directory information, etc.

Current MIMS

The current MIMS information, consisting of only AFDC, IRA and Medicaid Program participation information and in actuality only minimal amounts of the case/client data required by the new system, would be automatically referenced and conversion worksheets would be generated. These worksheets would need to be researched by the E.T.'s, and the information contained on them would need to be manually transcribed for subsequent entry into the proposed system.

County Case Records

The county case records maintained for Food Stamp, AFDC, IRA, Medicaid, EA, GA, and County Medical Program recipients would need to be referenced (and cross-referenced) to obtain the case/client information that is not available on the current MIMS. This information would need to be manually transcribed for subsequent entry into the proposed system.

SRS Support and Reference Systems

The Accounts Receivable System, the Foster Care Payment System and the Foster Care Trust System information should be referenced by the E.T.'s as they researched case/client information to prepare it for entry into the proposed system.

Assistance Program Recipients

The assistance program recipients would be the ultimate source of information. They would be contacted by the E.T.'s to resolve questions on any conflicting information and/or to provide any additional information that was not available elsewhere.

PROCEDURES

The conversion procedures that follow have been associated with dates that are of no particular significance. They provide instead, relativity of time frames. These procedures have been based on the following assumptions: that the production system would be available as of December 1, to enable non-financial and financial policy control criteria establishment as well as the establishment of system control; that all terminals would be installed by January 1; and that all system training would have been accomplished prior to March.

The production system would require the SRS entry of all policy and system control information during the month of December. System usage training for State and county personnel would be required during January and February.

During the month of March, county personnel would need to prepare their records according to the proposed system definition, i.e., the proposed case definition that includes Food Stamp, Emergency Assistance, General Assistance, and/or County Medicaid Program participation information as well as Aid to Families with Dependent Children or Indochinese Refugee Assistance and/or Medicaid Program involvement.

The production system would be available for caseload capture as of April 1. It is anticipated that the Food Stamp Program caseload would be the first to be entered into the proposed system, and it is anticipated that this portion of the conversion would be completed May 1. All assistance food stamp cases would require an issuance effective date of the first of the month; and all non-assistance cases would require issuance effective dates to be staggered through the remaining days of the month.

It is also anticipated that following the March 25th issuance processing cycle (by the current MIMS), all assistance program applications would be taken in the proposed MIMS format; and that this application information would be loaded into the new MIMS. Final issuance of assistance program benefits by the current MIMS is anticipated to occur with the May 25th processing cycle.

Following the April 25th issuance processing cycle (using the current MIMS), all current and pending AFDC, IRA and Medicaid cases would be automatically converted onto reports that resembled the proposed MIMS turnaround documents. This conversion source information would be referenced by the E.T.'s. AFDC, IRA and Medicaid Program information that was related to existing assistance food stamp cases would be manually transcribed onto the (new) "TAD's" for those cases. These TAD's would have been generated by the proposed system when the food stamp caseload was entered. Information not related to food stamp cases would be transcribed onto new "TAD's" i.e., onto blank forms. All conversion information would be entered into the new system; and as this information was being entered, the proposed system would be required to generate transactions to disable the individuals' information on the current MIMS. Converted cases would maintain their established recertification dates unless redetermination were also performed at the time of system changeover.

Following the April 25th issuance processing cycle, the current MIMS would also be required to generate redetermination letters and forms, but the conversion process would require that the current MIMS not accept any update information. Any case or client information needing to be updated would be updated as it was converted to the proposed system.

Statistics would need to be maintained to track percentages of conversion completion.

This approach would allow, as of the proposed MIMS first issuances in May, for the letters of notification and recertification and for the benefits to be issued by the proposed system for those cases loaded onto it; and it would allow for the current MIMS to generate letters and issue benefits for those cases that had not yet been transferred to the proposed system. This approach would first identify any duplication of benefit issuance in the Food Stamp Program caseload and/or any duplicative usage of Social Security Numbers by Food Stamp Program recipients. Research to eliminate this duplication should simplify the remainder of the conversion effort.

This approach does not allow for any "historical benefit" reporting. The eligibility periods recorded per case and per client would, however, reflect the most current beginning and ending eligibility dates.

VALIDITY

All conversion data would be subjected to the edit and update verification criteria defined for the on-going operation of the proposed system. Only editted information would be accepted. The Economic Assistance Division staff and the county personnel would be responsible for verifying the accuracy of this data.

CONSIDERATIONS

A successful conversion would require compliance with the conversion requirements. Without SRS (state and county) provision of assistance program criteria, system control information and conversion information, the proposed system could not be implemented as just referenced. As was stated, special procedures would also be required to effect the current MIMS.

The conversion procedures, that would be required in the county offices, should not be undertaken without sufficient proposed system exposure and education. If control of conversion were not precise, there would be the likelihood of duplicative benefit issuance and/or failure to issue program benefits.

It should also be noted that although the full impact of the proposed system on the county procedures cannot be accurately anticipated at this time, the impact on the county procedures would be considerable and would begin with the conversion endeavor.

It is anticipated that the E.T.'s would need to have reference reports for the repayment account balances (accounts receivable), foster care payment and foster care trust account information. If the repayment account balance information and/or the foster care trust information were available for inquiry, however, the corresponding list(s) would not be needed.

Incoming interface information would be required to be processed against both current and proposed MIMS information. SSI/SDX openings would be allowed to effect only the proposed MIMS information. SSI/SDX closures would need to be reflected in whichever system the SSI individuals' information was being maintained. Earned and unearned income information would need to be referenced against both systems' information, as would the Enumeration data.

Outgoing interface information for the Fiscal Intermediary; the BENDEX, Buy-In, Enumeration, SBAS and AWS systems; and the Department of Revenue would need to be generated by both the current and the proposed systems, with the results reflected as if both MIMS were one. This requirement would mandate special processing that would need to continue until all assistance program participation information had been transferred onto the proposed system.

Nursing Home requests would not be generated until after the proposed system reflected the entire caseload.

CONCEPTUAL DESIGN

The purpose of this section of the report is to provide a conceptual overview of the proposed system. This overview is intended to provide all individuals responsible for the design, development, implementation and use of the system with a concept of what the system entails, of what the system would provide, and of the effect system implementation would have on current responsibilities and activities.

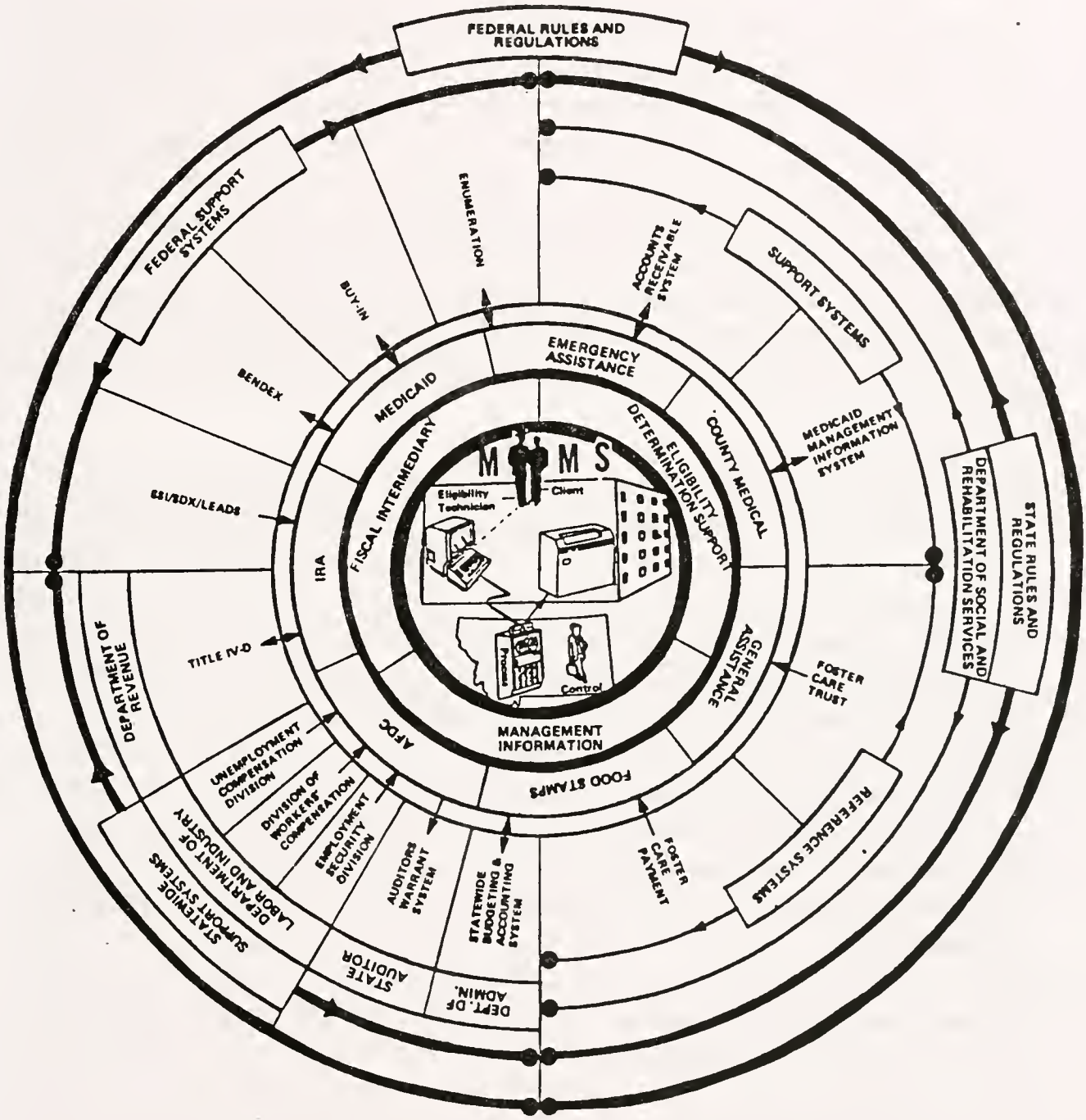
The following pages present the overview with both graphics and narratives. The graphics depict the concept from definitive, procedural and sequential perspectives; the narratives provide further clarification.

INTRODUCTION

Conceptually, the design of the proposed system incorporates the manual and automated aspects of both the State and county operations involved with managing the assistance programs.

Successful system integration, installation and operation would be dependent upon the assumption of system control and authority by the Economic Assistance Division, more specifically by that division's Montana Income Maintenance System (MIMS) coordinator. This assumption isolates the ultimate system responsibilities which include setting priorities; developing schedules; and defining, monitoring and controlling system processing.

DEFINITIVE GRAPHIC



DEFINITIVE

The first graphic depicts the legislative intent that dictates program and policy direction for Economic Assistance Division programs. It further illustrates the interrelationships between federal and state support and reference systems which are intended to strengthen and carry out program directives specified by these legislative decisions. These decisions are intended to provide a standard basis for: the determination of program eligibility; the management of the programs including the financial control and accountability necessary to operate them, the dissemination of information on which to base management decisions, and the sharing of information to facilitate delivery of services. MIMS would provide the mechanism by which federal and state goals and objectives would be met.

The MIMS System and its major functions, depicted in the inner two circles of the graphic, have been defined by Federal and State Rules and Regulations, which are shown as the outer two circles of the graphic. These regulations define the seven programs shown in the third innermost circle of the graphic. It should be noted that four of these programs are of prime importance to MIMS, and that these would be supported by automatic eligibility determination and benefit issuance. These four are the Food Stamp Program, the Aid to Families With Dependent Children Program (AFDC), the Indochinese Refugee Assistance Program (IRA), and the Medicaid Program. Information would be maintained for participants in the three remaining programs, but neither eligibility determination nor program benefit issuance would be provided. These programs are the Emergency Assistance Program (EA), the County Medical Program and the General Assistance Program (GA).

Several Federal, State-wide and SRS Support and Reference Systems are depicted. These systems are intended to provide reference information, to serve as sources of verification, or to otherwise accomplish program accountability. The one way arrows depict information either going to or coming from a system, while the two way arrows indicate an exchange of information between systems and/or agencies.

The Federal Support Systems depicted include the SSI/SDX/LEADS System, which provides MIMS with Medicaid eligibility information on SSI recipients; the BENDEX System, which provides verification of Social Security Title II benefit information; the Buy-In System, which provides premium billing information for those recipients entitled to Medicare, Part B; and the Enumeration System, which provides for verification of Social Security Numbers.

SRS Support Systems include the Accounts Receivable System, which provides information on outstanding repayment account agreements and which receives grant and benefit reduction information relative to these repayment accounts; and the Medicaid Management Information System (MMIS), which provides claims payment information and which receives Medicaid eligibility information.

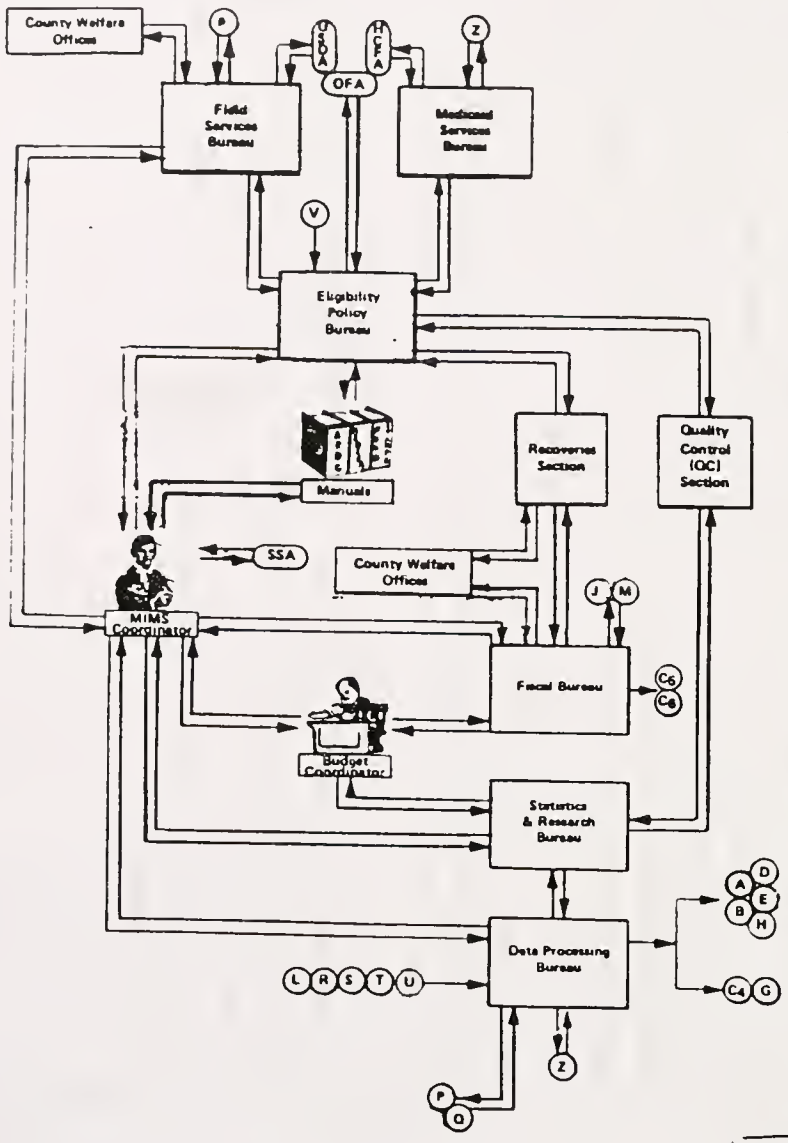
SRS Reference Systems include the Foster Care Trust System, which provides financial information used in the determination of Medicaid eligibility; and the Foster Care Payment System, which provides status information regarding Foster Care-related Medicaid recipients.

State-wide Support Systems include the following. In the Department of Administration is the Statewide Budgeting and Accounting System (SBAS), which records expenditures for accounting purposes. In the State Auditor's Office is the Auditor's Warrant System (AWS), which provides support for the State warrant writing and cashing procedures. Systems in the Department of Labor and Industry provide reference information for the verification of recipient earned and unearned income. The Department of Revenue is provided with information relative to the pursuit of child support obligations, and it in turn provides SRS with information regarding child support collections. Verification of recipient earned and unearned income information and/or child support collection information can impact the continuance of assistance or can result in the discontinuance of this assistance.

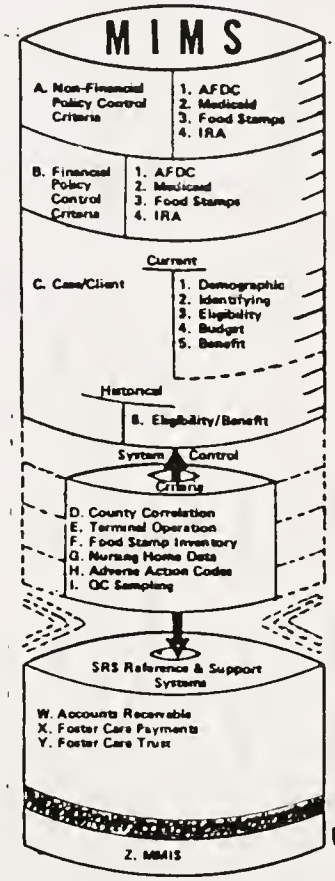
At the heart of the MIMS System are the county Eligibility Technicians (E.T.'s), the clients and the Economic Assistance Division's MIMS coordinator. While client interaction and information gathering remain at the county level, processing and control are maintained at the state level, indicating state supervision of the programs.

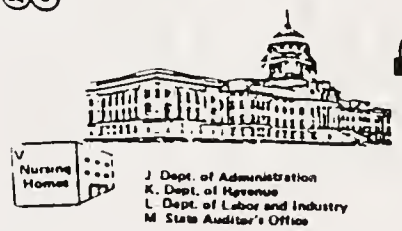
PROCEDURAL GRAPHIC

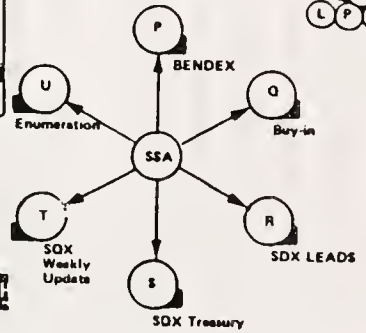
SRS Section



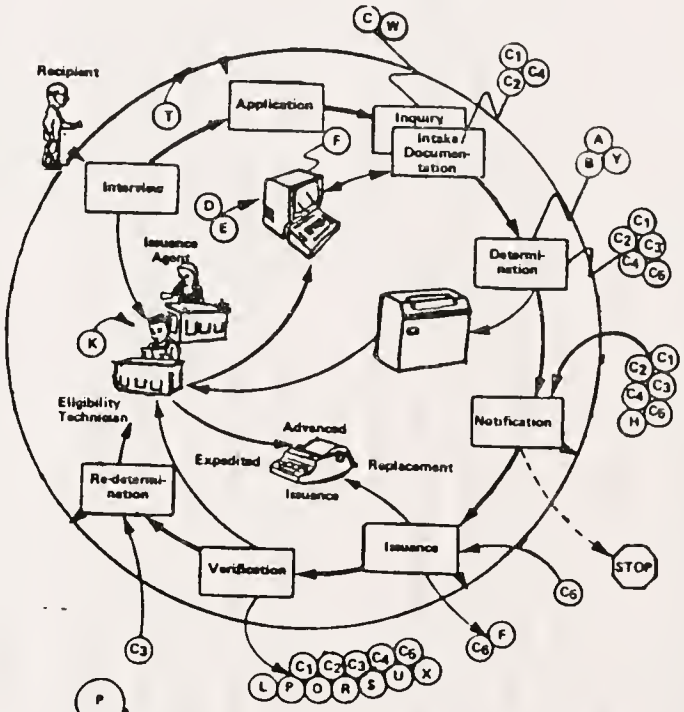
MIMS Section







County Section



PROCEDURAL

The second graphic depicts, by section, the primary lines of MIMS authority, responsibility, and communication within SRS; the primary types of MIMS informational, control and interfacing data; and the MIMS operational cycle at the county level. Each of these sections has been further defined by lettering that clarifies the informational flow. The MIMS Section is the first addressed by the narrative, as it must be referenced for the purpose of understanding the other two sections of this graphic.

MIMS Section. This section identifies the key types of information that would be MIMS-maintained and/or MIMS-referenced. The lettering associated with each informational source has been provided to link the three sections of the procedural graphic together. The level of importance of each informational source is implied by the sequential alphabetical reference code. The sources that are of prime importance are identified by the beginning letters of the alphabet.

The proposed MIMS would consist, in part, of the informational bases identified in the primary cylinder, as Non-Financial (A) and Financial (B) Policy Control Criteria and as Case and Client Information (C), both current and historical. This information would become the eligibility determination base. The state office would be responsible for maintaining the policy control criteria based on federal and state rules and regulations. The county offices would be responsible for the input and the update of case and client information.

The secondary cylinder, indicated by the dotted lines, provides system control criteria. It is depicted to identify an additional series of MIMS-maintained and MIMS-referenced (D-I) informational sources that differ from the other non-financial and financial control information. They differ because they are not directly related to the eligibility determination process. This secondary cylinder is not all-inclusive, but it does indicate that there would be system control criteria other than that specifically defined by the assistance program rules and regulations.

The SRS Reference and Support Systems identify sources of information that MIMS would have access and/or limited input to. The reference systems are the Foster Care Payment (X) and Foster Care Trust (Y) Systems. The support systems are the Accounts Receivable System (W) and the Medicaid Management Information System (MMIS) (Z).

The Department of Administration (J), the State Auditor's Office (M), the Department of Labor and Industry (L) and the Department of Revenue (K) are identified to show sources of control (SBAS and AWS); sources of income verification (ESD, DWC and UCD); and the IV-D control agency, respectively. These State offices are depicted by the capitol building.

The Nursing Homes (V) have been identified as informational sources because they would be requested to provide the State with the personal account balances of assistance program recipients.

The sphere of SSA involvement depicts the independent, yet associated, federal-level interface sources (P-U).

SRS Section. This section of the procedural flow addresses MIMS-related activities within three SRS divisions, namely the Economic Assistance Division (EAD), the Centralized Services Division (CSD) and the Audit and Program Compliance Division (APCD). The division activities are identified in terms of the involved bureaus (and/or respective sections) within each of the divisions. The lettering on this section of the graphic identifies federal sources of program and reference information, sources of information within the state, and proposed locations of MIMS maintenance information.

Economic Assistance Division communication with the federal agencies is based on functional program responsibilities. The Field Services Bureau (Food Stamps) communicates with the Food and Nutritional Services Division of the United States Department of Agriculture (USDA) about the Food Stamp Program. This communication deals with issuance and outreach for the Food Stamp Program. The Medicaid Services Bureau communicates about the Medicaid Program with the Health Care Financing Administration (HCFA) of the United States Department of Health

and Human Services (DHHS). This communication deals with fee-based reimbursements for the Medicaid Program. It should be noted that the Medicaid Financing Bureau also communicates with HCFA about cost-related reimbursements for the Medicaid Program. This bureau's functions are not related to MIMS, however, and the bureau has not been depicted on the procedural graphic.

The Eligibility Policy Bureau communicates with USDA, HCFA and the Office of Family Assistance (OFA) of the DHHS. OFA communication relates to the AFDC and IRA Programs. This level of communication defines AFDC, IRA, Food Stamp and Medicaid Program rules and regulations.

Additionally, the MIMS coordinator must communicate with the Social Security Administration (SSA) of the DHHS. This communication deals with the federal support systems (P-U) and their impact on all of the programs previously mentioned.

Both the Field Services Bureau and the Medicaid Services Bureau are responsible for communicating with the Eligibility Policy Bureau regarding recipient eligibility for the Food Stamp and Medicaid Programs. The Eligibility Policy Bureau is responsible for communicating about all of the federal programs with the Field Services Bureau (supervisory) personnel and with Management Operations Bureau personnel, namely, the manuals coordinator and the MIMS coordinator. The MIMS coordinator, in turn, would communicate with the budget coordinator concerning MIMS-related financial matters. Field Services Bureau (supervisory) personnel would communicate directly with the MIMS coordinator concerning system issues. The Field Services Bureau (supervisory) personnel also would continue to have the responsibility for communicating with the county welfare offices about the assistance programs policies and about MIMS procedures.

The MIMS coordinator is responsible for advising the Data Processing Bureau of modifications required to MIMS definitions, MIMS processing, MIMS cycles and/or MIMS interface requirements. The MIMS coordinator is also responsible for advising the Eligibility Policy Bureau (who, in turn, would advise the Field Services Bureau personnel), the manuals coordinator, and the budget coordinator of the operational impact and/or budgetary implications of any required changes. This channeling of information should result in full system coherence.

The remaining communication lines depict support elements for the system that has been defined. The Eligibility Policy Bureau would continue to communicate with the Recoveries Section of the Program Integrity Bureau, who would continue to process actual recoveries through the Fiscal Bureau. Third party liability review would continue as another responsibility of the Recoveries Section. Discrepant third party liability information would be communicated by this section to the E.T. responsible for case management. Quality control informational needs would continue to be defined by the Quality Control Section of the Program Integrity Bureau, and this information would continue to be communicated first to the Statistics and Research Bureau and from there on to the Data Processing Bureau. Results of quality control samples taken would continue to be communicated back to the Statistics and Research Bureau, then to the Quality Control Section and, if required, on to the Eligibility Policy Bureau. Ad hoc reporting requests would continue to be made of the Statistics and Research Bureau by the MIMS coordinator. The Statistics and Research Bureau personnel would continue to have unrestricted access to the MIMS information, as this data would continue to provide a basis for ad hoc, departmental reporting requirements.

The Fiscal Bureau would communicate with the MIMS coordinator and/or the budget coordinator on any MIMS-related financial concerns. Fiscal Bureau personnel would continue to be responsible for resolving any SBAS (J) or Auditor's Warrant System (M) discrepancies regarding the assistance programs. Fiscal Bureau personnel would continue to be responsible for processing county-requested AFDC and IRA warrant cancellations. They would continue to be responsible for cancelling (returned) AFDC and IRA warrants that were undeliverable. Cancellation information would be entered by way of an on-line device; and would be reflected in the Case benefit information, current and/or historical (C_5, C_6). This information would be reported back to the Fiscal Bureau, each month, on the Warrant Cancellation Listing. This listing would be referenced for the manual encoding of the Notice of Warrant Cancellation for SBAS and for the State Auditor's Office.

The Management Operations Bureau personnel would continue to be responsible for the manual processing of Buy-In (Q) and Enumeration (U) System information. This processing would be based on the explicit operating procedures defined by

the MIMS coordinator and the Eligibility Policy Bureau. Buy-in (Q), Enumeration (U), BENDEX (P) and SDX (R-T) system information would continue to be received by the Data Processing Bureau personnel, who would continue to control MIMS-related processing of this information according to the instructions provided by the MIMS coordinator. MMIS information (Z) would continue to be received by the Data Processing Bureau personnel, who would continue to control MIMS-related processing of this information according to the instructions provided by the MIMS coordinator. MIMS-generated Medicaid eligibility information would also be sent to the fiscal intermediary by the Data Processing Bureau personnel.

It should also be pointed out that receipt of the recipients' personal account information, automatically requested from the Nursing Homes (V), would be monitored by the Eligibility Policy Bureau. This information would then be sent to the MIMS coordinator who would control the entry of the information, into MIMS, by the Data Processing Bureau. Additionally, the Field Services Bureau (Food Stamps) personnel would continue to be responsible for maintaining information on the bulk inventory of Food Stamp coupons (F). This inventory information would be maintained by on-line entry and update, however.

It should be noted that all MIMS-related activities have not been graphically depicted. For example, the fair hearings officer for the SRS Office of Fair Hearings would continue to communicate with both State and county EAD personnel. Also, the Management Operations Bureau of the Community Services Division would continue to communicate with EAD personnel regarding the Work Incentive Program (WIN) and the Foster Care Programs. Third party liability reports and Nursing Home recipient resource information from MMIS would continue to be provided for E.T. reference.

Additionally, it should be pointed out that there would continue to be informal informational exchanges occurring. (The channeling of information that has been depicted, references primarily the eligibility and/or policy-related exchanges.) An example of the informal type of communication would be a conversation between the MMIS coordinator (of the Medicaid Services Bureau) and the MIMS coordinator regarding system (or file) recovery.

County Section. This section depicts the MIMS operational cycle at the county level, and identifies recipient/Eligibility Technician interactions and responsibilities. The lettering on this section of the graphic depicts the entry and updating of specific types of case and client information; the usage of system control and reference information; and the types and sources of information involved in the various eligibility determination sub-functions.

The graphic points out that the recipients initiate requests for assistance program participation, either directly to the Eligibility Technicians or indirectly through the Social Security Administration offices (T). It further depicts the procedural sequence of events that transpire from the time that the recipient submits his/her application until the time of the recipient's notice of program ineligibility or his/her notice of redetermination.

Following recipient interview and application, the Eligibility Technician initiates on-line inquiries into the Case and Client Information (C) and Accounts Receivable System information (W). Having taken this inquiry information into account, the Eligibility Technician begins intake processing with the on-line entry or update of Case and Client demographic, identifying and/or budget information (C_1, C_2, C_4).

Based on this information and on the Non-Financial (A) and Financial (B) Policy Control Criteria and any required inquiries into the Foster Care Trust Account information (Y), the on-line eligibility determination process begins. As a result of this process, the current Case and Client Information (C_1 - C_5) is updated automatically and/or through Eligibility Technician interaction.

Notification processing follows the eligibility determination process, and is based on the current Case and Client Information (C_1 - C_5) and on the Adverse Action Information (H), if required. If an applicant were deemed ineligible to participate in all of the assistance programs, the processing cycle for this individual would end with his/her receipt of a letter of ineligibility. For applicants deemed eligible for program participation, the cycle would continue.

Issuance processing would be based on the calendar and on the Case and Client benefit information (C_5). Issuance of benefits would automatically be recorded

in the Case and Client historical program eligibility/benefit information (C_6) and in the Food Stamp Inventory information (F).

The ongoing verification processes would be based on comparisons of MIMS Case and Client Information (C_1 - C_5) with Labor & Industry (L), BENDEX (P), Buy-In (Q), SDX LEADS (R), SDX Treasury (S), Enumeration (U), and Foster Care Payments (X) information. These comparisons or sources for comparison would be generated for the Eligibility Technician to reference and respond to as required and/or as time allowed.

The final activity in the cycle is the redetermination process which actually begins the eligibility determination process once again. Redetermination processing is automatically triggered by the Case and Client eligibility information (C_3).

It should be noted that the child support collection information would be sent, by the Department of Revenue (K), directly to the Eligibility Technician to be manually interpreted and entered, as required. It should also be noted that access to and update of MIMS information would be controlled by the County Correlation Information (D) and by the Terminal Operations Control Information (E).

The presence of the issuing agent depicts the need for these individuals to reside in the county welfare offices, or at least the need for daily communication between these individuals and the Eligibility Technicians. The graphic does not show that the proposed MIMS has been defined to support state issuance of the food stamp coupons. This is the case, however, and it is envisioned that only a limited number of replacement and expedited-issuance coupons would need to be dispersed by the counties. Replacement and expedited issuances would need to be recorded at the county level to update the Food Stamp Inventory (F).

Hardware assumptions are also depicted. The Eligibility Technicians would need to perform data entry and update of the case and client information by way of an on-line communication device. These on-line devices would also be used for system inquiry. Also depicted is the requirement of county printers, primarily for the printing of the turnaround documents. The graphic shows, as well, the

continuing provision for county advances and emergency and replacement benefit issuances.

This section of the graphic depicts only the direct communication links between the county offices and the proposed MIMS system. Non-direct lines of county communication would, however, continue to be required: namely, conversations between Social Workers and E.T.'s, telephone conversations between the county and the State offices, telephone conversations between county offices, telephone conversations between county offices and the district Social Security offices; and, the hard-copy and microfiche reporting that would be provided for county reference and research.

SEQUENTIAL GRAPHIC . Function Sub-Function	MIMS – State Operations			External System Interfaces				MIMS – County Operations			Recipient	
				Automated		Non-Automated						
	Input	Output	Inquiry	Going To	Coming From	Out	In	Input	Output	Inquiry	Coming From	Going To
. Eligibility Determination Support												
Intake								3	4	2	1	
Determine/Verify/Document												
Enumeration	5	4		2	3			1	6		1	
Nursing Home Residents	2					1			3			
Recipient Income - DWC					1			3	2			
UCD					1			3	2			
ESD					1			3	2			
Foster Care Payment					1			3	2			
Foster Care Trust					1			2		1		
Repayment Amount					1			2		1		
SSI/SDX - Weekly					1			3	2			2
Monthly		2			1				2			
Annual					1				2			
Buy In	3	2		4	1				4			
BENDEX				1	2			4	3			
Notification												1
Issuance												
Medicaid												
Initial/Replacement								2	3	2	1	3
Ongoing		1								1		2
Food Stamps												
Expedited								2	3	2	1	3
Ongoing Direct Issuance		1								1		2
County Issuance		1							2	1		3
Replacement											1	2
AFDC/IRA												
County Advance/Replacement								2	3	2	1	3
Ongoing		1								1		2
Redetermination								4	1	3	2	1
. Fiscal Intermediary												
Weekly				1								
Monthly					1							
. Management Information												
Case and Client		1	1						1	1		
Program Management		1	1						1	1		
State Offices		1										
State & County Offices		1	1						1	1		
Food Stamp Inventory	1		1					1		1		
Statistical & Federal Reporting												
Monthly		1										
Quarterly		1										
Annual		1										
Financial Control Information												
SBAS/Warrant Control		1		1,3,3			2		1			
Warrant Cancellation	1	2		2		3			2		1	
Food Stamps Allotment												
Cancellation	3	4		3				2	4		1	
Reconciliation		1										
System Control												
System Control Criteria	1	2										
County Correlation	1	2							2			
Authorized Terminal Use	1	2	2						2	2		
Nursing Home Name/Address	1	2										
Adverse Action Codes & Citations	1	2										
System Usage		1										
Eligibility Control Criteria												
Non-Financial	1	2										
Financial	1	2										
Recovery Related												
Absent Parent		1				1						
Death-Related		1										

← Sequence of Occurrences →

SEQUENTIAL

The third graphic depicts the sequential occurrence of information processing by state and county operations, in conjunction with the recipients and with the external systems interfaces defined for the proposed MIMS System. The processing and informational flows are depicted at functional, sub-functional, descriptive and cyclical levels, as defined in the description of the MIMS output, functional, input and interface requirements.

The graphic shows the starting points at which system involvement begins, i.e. where information necessary to support system operations would need to be input, or where it would be provided as output (indicated by "1's"). It sequentially depicts the continuing informational flow, based on recipient action, MIMS activity, State and/or county operations, and/or external system interfaces (indicated by "2's", "3's", etc.). Duplicated numbers indicate the possibility of simultaneous occurrences.

The following serve as examples of MIMS sequential occurrences:

In order to support the Intake sub-function of the Eligibility Determination Support function, information (1) comes from the recipient; which leads to (2) county initiated inquiry to determine past or present program involvement and/or the presence of repayment agreement activity; then to (3) the input of identifying and case and client information; then to (4) output, the turnaround document, and the results of client eligibility or ineligibility.

In order to support the BENDEX operation of the Determination, Verification and Documentation sub-function, information (1) goes to SSA in Baltimore, is processed and (2) returned from SSA to be processed against MIMS. This results in (3) output, to the county, which provides a comparison of BENDEX and MIMS information to be used by the Eligibility Technician for (4) input back into MIMS, if necessary.

In order to support the SBAS/Warrant Control Operation of the Financial Control Information sub-function, MIMS support begins following the daily warrant issuance cycle; with (1) the generation of output, the Daily Warrant Register, to the

State and the county offices and (1) the generation of magnetic Transfer Warrant Claim transaction information to an automated external system interface (SBAS).

Following SBAS processing, (2) the Fiscal Bureau is advised of SBAS acceptance of these transactions. Actual MIMS warrant issuance would occur (as shown under the Issuance sub-function of the Eligiblity Determination function), and there would be magnetic transactions generated to (3) the Auditor's Warrant System to enable warrant cashing and to (3) the Accounts Receivable System to record any applicable repayment account reductions.

GLOSSARY OF TERMS

This section provides definitions of terms used in the report that may not be familiar to all individuals referencing the document. The definitions are brief, but they should be sufficient when taken into the context of the report.

AFDC - Aid to Families with Dependent Children (also known as ADC)

AFDC Benefits -

1. Adjustment = an upwards adjustment in benefit, determined to be due for the current eligibility period because of a case change (non-financial), or incorrect calculation due to agency or client error.
2. Partial Month = initial partial month issuance of regular benefits; eligibility determination made prior to the beginning of a regular issuance cycle. For example, benefits associated with a period from June 10th to June 30th is a partial month benefit; benefits associated with July 1 to July 31 is then a regular month benefit.
3. Regular = monthly benefits due for a month, and issued during the last week of the month prior to the benefit month.
4. Replacement = a duplicate warrant issuance, necessary because of warrant loss or mutiliation; must be county advance and must follow initial warrant cancellation.
5. Retroactive = benefits due for prior month(s), issued following an eligibility determination for a previous eligibility period.
6. Supplemental = an upwards adjustment in benefits, determined to be due for the current eligibility period because of a reduction in or the loss of income, earned or unearned.

AFDC Payment Code - Indicates ward, regular or Indochinese case.

AFDC-UP - AFDC Unemployed Parent Program

ARM - Administrative Rules of Montana

ATP - Authorization to Participate (Food Stamp Program) card.

Accrete - Initiates the process by which a recipient is added to the BENDEX, Buy-in and/or SDX systems.

Alteration - Initiates the process by which recipient information is changed in the BENDEX, Buy-in and/or SDX systems.

Assistance Standards - For AFDC/IRA, used in determining eligibility and amount of assistance for any person who applies for or receives assistance. Standards represent the amount of money an individual or group of individuals needs for basic subsistence.

Assistance Unit - For AFDC/IRA, means the number of individuals whose needs are met by the grant. This number may consist of zero, one or two adults plus zero or more children.

Basic Requirement - For AFDC/IRA, represents the amount of money needed by an assistance unit for basic subsistence (i.e., for food, clothing, shelter and other essentials. If special needs are not involved, this is the figure from which countable income is subtracted in determining eligibility and amount of assistance.

BENDEX - Beneficiary and Earnings Data Exchange. The acronym used to identify the beneficiary and earnings data exchange program administered by the Social Security Administration (SSA). BENDEX is the definitive data exchange system between the State and the SSA Master Beneficiary Record (MBR) and the Earnings Reference File (ERF) system.

BIC - SSA abbreviation for Beneficiary Identification Code. Suffix to SSN, consisting of one or two characters identifying the type of beneficiary.

Buy-In Program - Under the Buy-In program, states may enroll certain groups of needy people under the supplemental medical insurance program (also known as SMI or Part B of Medicare) and pay their premiums. The purpose of buy-in is to permit the State, as part of its total assistance plan, to provide medical insurance protection to certain needy individuals. It also has the effect of transferring some medical costs for this population from the Title XIX Medicaid program, which is partially State financed, to the Title XVIII health insurance program, which is completely financed by the Federal Government. Federal matching money is available through the Medicaid Program to assist states with the premium payments for certain people.

Generally, states buy-in for people receiving SSI or State Supplement payments who are categorically needy under Medicaid. In addition, states may include those who are eligible for Medicaid but do not receive SSI payments.

In order to be eligible for buy-in, an individual must not only be a member of the state's coverage group, but must also be eligible to enroll in SMI. The following people are eligible for SMI:

1. People over 65 who have hospital insurance (Part A of Medicare).
2. All other persons over 65 who are U.S. Citizens or aliens lawfully admitted to the U.S.
3. People under 65 who have been receiving monthly social security disability benefits under Title II for 24 months.
4. People under 65 who are eligible for hospital insurance (Part A of Medicare) because they have chronic renal disease.

CAN - SSA abbreviation for Claimant's Account Number. This is the number used by SSA to identify the individual on whose earnings benefits are being paid. It is the social security number of this individual, followed by the suffix (BIC) designating the type of beneficiary, e.g., wife, widow, child etc.

CFR - The Code of Federal Regulations

CWS - Child Welfare Services

Case - In the terms of the proposed MIMS System, a case is established when an individual representing either himself or a group of individuals, with the intention of applying for various services (AFDC, Food Stamps, Medical Assistance), through the use of a common State of Montana application for assistance form, makes application for assistance.

Case Categories of Assistance - In terms of the proposed MIMS System, all categories of assistance (AFDC/IRA, Food Stamps, MAO, MN. G.A., etc.) per a given case, i.e., combination of all types of programs for all case members.

The categories of assistance are:

AFDC-Medical
AFDC/UP-Medical
AFDC-FS-Medical
AFDC-UP-FS-Medical
IRA-Medical
IRA-FS-Medical
FS
FC/AFDC-Medical
FC/CWS-Medical
MN
MN-FS
MAO
MAO-FS
SSI
SSI-FS
County Medical
EAFDC
General Assistance

Case Identifier - In terms of the proposed MIMS system, the social security number of that individual who is identified as the head of the case. The case identifier is the Social Security number of the individual who signs the application.

Case Program Type - In terms of the proposed MIMS System, relates to benefits of any given assistance program relative to the case.

The program types are:

AFDC
IRA
FS
Medical

MAO
MN
SSI
FC
County Medical
EAFDC
General Assistance

Categorically Needy - Refers to those people eligible for Medicaid because of their participation or eligibility to participate in the AFDC or SSI programs.

Claim Number - Same as CAN, or Claimant's Account Number.

Client - A client is a member of a case.

Client Categories of Assistance - All categories of assistance (AFDC/IRA, Food Stamps, MAO, MN, G.A., etc.) per a given client, i.e., combination of all types of programs related to a given case for an individual. (Refer to Case Categories of Assistance).

Multiple client categories would be required to describe the type of program related to each case should an individual be a participant in multiple cases.

Client Program Type - Would identify the type of program for each benefit and each eligibility period would relate to one or more of the types of programs covered by the Client Categories. (refer to Case Program Type).

Client Restrictions - Would be assigned by SRS Medical Assistance section to restrict recipients of Medicaid to certain providers of Medical services.

County of Application - Same as County of Responsibility, except that sub-offices within counties are further identified; including Glacier, Lincoln, Lewis and Clark, and Rosebud counties.

County of Responsiblity - A code assigned to each of Montana's 56 counties and to three of the State's institutions, Warm Springs, Boulder River School, and the Center for the Aged.

DHHS - U.S. Department of Health and Human Services (formerly DHEW)

Delete - Initiates the process by which a recipient is removed from the BENDEX, Buy-in and/or SDX Systems.

Deprivation - A condition of AFDC eligibility which includes loss or absence of parental support or care due to death, continued absence from the home or physical or mental incapacity of a parent, or unemployment of a parent.

EAFDC - Emergency AFDC, also known as Emergency Assistance.

EOMB - Explanation of Monthly (Medicaid) Benefits.

EPSDT - Early and Periodic Screening, Diagnosis and Treatment. EPSDT is a health service available to all children under 21 years of age who are eligible for Medicaid. The EPSDT program emphasizes prevention of serious health problems by offering comprehensive mental health and physical examinations. The EPSDT program also provides treatment of medical and health - related problems.

ERF - Earnings Reference File. A magnetic record providing earnings and employer information as maintained by the Social Security Administration, available for AFDC recipients. (See BENDEX)

Enumeration - The process by which social security numbers are verified by the Social Security Administration.

Essential Persons - In the SSI program, essential persons are persons whose presence in the household is considered necessary to provide essential care and services for the eligible individual and whose needs were taken into account as of December, 1973, in determining the needs of the eligible

individual. Essential persons do not themselves receive SSI payments; rather, the standard of payment to which an eligible individual or couple is entitled is increased, and the income and resources of the essential person will be combined with those of the eligible individual or couple in determining the payment amount to which the individual or couple is eligible. Additionally, essential persons who were entitled to Medicaid in December of 1973 under the State plan, will continue such coverage.

Eligibility for such increased payments will apply only in the case of a person included as an essential person in December, 1973 and will cease at such time as the person no longer lives with the individual, becomes eligible for SSI in his or her own right, or becomes the eligible spouse of an eligible individual.

E.T. - Eligibility Technician

FC - Foster Care

F.S. - Food Stamps

Fiscal Intermediary - The agent designated by SRS as responsible for the processing of Medicaid claims.

Food Stamp Benefits -

Expedited services can be provided for any allotments due - whether regular, supplemental, retroactive or restored. Expedited services, if applicable, should be provided for the total allotment amount.

Only a single monthly system issuance will be accomodated per each case - and it will encompass all benefits due - whether regular, supplemental, retroactive or restored. The supplemental issuance defined here would be comparable to the adjusted issuance in the AFDC program.

HCFA - Health Care Financing Administration (within SSA); Medicaid.

HI - Hospital Insurance (Medicare Part A)

HURA - Health Underserved Rural Areas.

Indochinese - Type of AFDC payment code. In terms of payment code, identifies IRA cases and AFDC-Indochinese cases.

IRA - Indochinese Refugee Assistance; also known as ORR - Office of Refugee Resettlement.

ISD - Information Systems Division, Department of Administration.

Income Disregards - In the AFDC and IRA programs, those deductions allowed in determining the amount of assistance for an applicant who has earned income. Included are business expenses (incurred as a result of self employment), the "disregard" of $30 and 1/3 of remaining gross earned income, the "mandatory deductions" for taxes paid on earned income, the "work expenses" which may include day care expenses, transportation costs and/or the $25 exclusion or the actual expenses incurred.

In the Medically Needy program, the income disregards are the same as in the AFDC program, if the recipient is AFDC-related. Income disregards for SSI-related recipients are the same as those allowed in the SSI program.

In the Food Stamp program, deductions to income include a 20% "mandatory deduction" of gross earned income, a "standard deduction" of $85 applied to all income, and if applicable, medical; day care; rent or mortgage, taxes and insurance; utilities and shelter expense deductions.

Incurrment (Spenddown) - When an individual has countable income that exceeds the appropriate Medically Needy income range, incurrment refers to the amount of Medicaid-eligible medical expenses for which the family or individual is liable before Medicaid will begin paying any eligible individual's medical bills.

LEADS - Provision of Public Law 94-566, Section 503, Title V, provides that Medicaid eligibility be maintained for SSI recipients who become ineligible for SSI due to a cost-of-living increase in their Title II Social Security benefits. In order to assist states in identifying these SSI recipients, SSA has prepared a special SDX computer tape in standard SDX format selected from the SSR system. The special file provides "LEADS" information to help states identify those SSI recipients whose SSI eligibility is terminated due to the cost-of-living increase in their Title II Social Security benefits effective in July.

MAO - Medical Assistance Only, provided for categorically needy who are eligible for a cash grant (AFDC, IRA, SSI), but who choose not to receive the cash benefit either for reasons of non-compliance or personal choice.

MBR - Master Beneficiary Record. This is a magnetic record containing the SSA payment, beneficiary, and benefit history data for beneficiaries entitled to social security benefits. (See BENDEX)

MCA - Montana Codes Annotated

MOM - Montana Operations Manual

Medicaid Relationship Type - indicates if the individual is AFDC/IRA-related, or SSI-related (Aged, Blind, Disabled). Also identifies AFDC/IRA four month extension cases, and SSI cases extended because of termination of SSI benefits due to Title II increase. (See LEADS)

Medically Needy - Refers to the Medicaid program for those people who would meet the non-financial and resource requirements of the categorical programs, but whose income exceeds the limitations of those programs. Those whose income is above the AFDC standard and less than 133 1/3% of the standard would be Medically Needy with no incurrment. Those whose income is above 133 1/3% of the standard would be Medically Needy with an incurrment.

Medicare Claim Number - The social security number under which entitlement to Title XVIII benefits exists, plus the identification code (BIC).

Nursing Home Allotment Dates and Amounts - The monthly amount for which a recipient is liable in paying for his/her Nursing Home care. This amount is reported to the fiscal intermediary, on a monthly basis, to be used in determining the Medicaid liability amount due the Nursing Home.

OASDI - Old Age, Survivors, and Disability Insurance. Refers to benefits received under Title II; Social Security. Also known as RSDI; Retirement, Survivors, and Disability Insurance. Also known as OASDHI or RSDHI.

OFA - Office of Family Assistance (within SSA); AFDC.

One Day Authorization Date - For a Medically Needy with incurrment individual; that date on which the individual has met his/her incurrment obligation, and becomes eligible for Medicaid for the remainder of the four month span. The fiscal intermediary would be instructed to pay for the part of Medical services for that day which are not obligated to meet the remaining incurrment of the individual.

Position Number - The assigned number of each employee position within State government.

RCM - Revised Codes of Montana

Railroad Retirement Number - An individual whose work has been primarily with the railroads will have a social security number, but his benefits will be established on a railroad annuity number, not his social security claim number. The railroad annuiant's wife, widow, child, etc., may also be entitled using a RR number rather than a social security number.

Reason for Case Opening - In the proposed MIMS system, the reason, or special circumstances prompting an individual or individuals application for assistance; e.g., loss of employment, divorce, disability, etc.

Regular - Type of AFDC payment code; any non-Ward or non-Indochinese AFDC case; financing is federal, State, county.

Relationship Code (AFDC) - The relationship of an individual in an AFDC case to the head of the assistance unit.

Repayment Agreement Identifier - Number assigned by the Program Integrity Bureau to identify repayment agreements in the SRS Accounts Receivable System.

Responsibility Center Number - An agency assigned number to create a separate definable unit of financial activity.

Rolling Month - In the Food Stamp Program, refers to the day of the month on which the case must be recertified for a calendar month(s).

SBAS - Statewide Budgeting and Accounting System

SDX - Supplemental Security Income (SSI)/State Data Exchange System.

SMI - Supplemental Medicare Insurance (Medicare Part B)

SPA - Standard Payment Amount (SSI). The SSI benefit amount prior to reduction for countable income.

SSA - Social Security Administration (part of DHHS)

SSI - Supplemental Security Income

SSN - Social Security Number - The beneficiary's/recipient's own social security number; also known as BOAN, Beneficiary's Own Account Number; or BOSSN, Beneficiary's Own Social Security Number.

SSR - Supplemental Security Record. The master tape file containing the eligibility and payment data on all SSI applicants/recipients. Also known as SDX.

Sample Frame - For quality control purposes, all cases that could be selected; i.e., the sample universe.

Sequence Reference Number - Per case, references sequence in which TAD's generated.

Shelter Obligation - For AFDC/IRA, an assistance unit may have a "shelter obligation" and shall not have an assistance payment reduced if they are tenants in low-rent housing, or if they are paying rent to a relative, or if their shelter costs include house payments, rent, mortgage payments, home repairs, taxes, home insurance, utilities and other costs relative to maintaining a home. The Basic Requirement is different for those who have and for those who do not have a Shelter Obligation.

Special Needs - For AFDC/IRA, additions to the basic requirement, including boarding school costs and IV-A Day Care.

System Effective Date - That date, indicated by the E.T., on which the system will assume full responsibility for Food Stamp program benefit issuance.

TAD - Turnaround Document.

TPL - Third party liability.

T-Numbers - Temporary numbers - assigned by the system in the absence of a social security number to either cases or clients, or absent parents for whom no social security number is available.

Title II - Social Security; also known as OASDI or RSDI (federal)

Title IV-A - AFDC program (federal, State)

Title IV-A Day Care - Also known as Special Needs Day Care, is provided to those AFDC recipients with a day care need because of involvement with educational or work training pursuits.

Title IV-D - This program is the responsibility of the Montana Department of Revenue, Child Support Enforcement Bureau. The bureau is charged with collecting child support from the liable absent parent in AFDC cases.

Title XVI - Supplemental Security Income (SSI) program. Is made up of former Titles I, X, and XIV; or the Old Age Assistance, Aid to the Needy Blind, and Aid to the Permanently and Totally Disabled Programs. (federal)

Title XVIII - Medicare Program (federal)

Title XIX - Medicaid Program (federal, State)

Title XX - Social Services Programs

USDA - United States Department of Agriculture (Food Stamp Program)

Vendor Payment Amount - In the AFDC and IRA Programs, vendor payments are those AFDC or IRA payments made by the county department by issuing disbursing orders to the vendor furnishing food, living accomodations, or other goods and services to the AFDC or IRA households.

WIN - The Work Incentive Program. As a condition of eligibility for AFDC, non-exempt recipients must enroll in the WIN program. Exemptions are granted based on disabilities, age of children in the home, and status of children over age 16.

WIN Reason - The reason for WIN status; such as mandatory registrant, disabled, age, etc.

WIN Status - Exempt, Non-Exempt, Voluntary; participation indicator for WIN program.

Ward - Type of AFDC payment code, refers to ward Indian, financing is federal, state.

COST PROJECTIONS

The purpose of this section is to identify the projected costs and anticipated benefits of the development and implementation of the proposed system. The following pages provide actual and projected organizational system support and operational costs of the existing system; anticipated developmental, organizational system support, and operational costs of the proposed system; identification of both tangible and intangible benefits that could be anticipated with system installation; identification of potential risks and considerations associated with the proposed system, and ISD's recommendations regarding future project-related activities.

Cost projections are based on the conceptual design of the proposed system as documented in Section 10 of this report. Many assumptions are reflected in that conceptual design, and it is understood that SRS will not proceed with system implementation without modification to the requirements upon which the conceptual design was determined.

OVERVIEW

Cost reviews should include consideration of anticipated costs for the operation of the existing system, costs that may be incurred for the MIMS Project, costs that would be associated with the operation of the proposed system, and developmental and anticipated operational costs of a comparable system. Graphic illustrations of these costs have been presented as follows:

- Figure 1 - Projected Operational Cost Comparisons
- Figure 2 - Proposed System Operational Cost Projections
- Figure 3 - Georgia System Costs (PARIS)
- Figure 4 - Developmental Cost Projections

The following pages present definitions and considerations that should be kept in mind as these figures are reviewed.

PERSONAL SERVICES

These figures represent personnel costs associated with the current and proposed MIMS-related support operations. These costs reflect only SRS Data Processing Bureau staff services and contracted data processing personnel services. Data Processing Bureau services include costs for data entry, input/output control and limited system maintenance for the existing system; and limited data entry, input/output control and full system maintenance for the proposed system. Contracted data processing personnel services costs reflect the 1980-81 charges of non-Data Processing Bureau staff, data processing professionals for enhancing the existing system. It is assumed that a limited amount of this contracting would continue to be required for enhancements to the existing system.

Current system personnel costs represent approximately 7.8 FTE, with an average salary/benefit cost of approximately $20,000 for 1980-81. Proposed system personnel costs represent approximately 6.4 FTE, with an average salary/benefit cost of approximately $36,200 by 1985-86. Proposed system personnel costs are based on an increase of 12% per year applied to the 1981-82 average salary/benefit cost of $23,000.

It should be noted that the personnel costs reflected for the proposed system during the time of system development, testing, installation and conversion (1982-83, 1983-84, 1984-85) were developed based on the assumption that current system personnel costs would continue and that approximately two additional FTE's would join the Data Processing Bureau staff to support the proposed system endeavor. This FTE change is anticipated to result in an average salary/benefit cost of approximately $24,600 for 1982-83.

CONTRACTED SERVICES

Contracted services costs represent the costs related to services provided by organizations other than SRS. These are services contracted for from the Department of Administration's Computer Services Division (CSD).

CSD services costs represent charges for storage of SRS information on magnetic tape and/or direct access storage devices, use of the teleprocessing network, microfiche generation, and regular rates for computer processing. These costs are external to ISD and have been provided for informational purposes only. Projected costs may vary considerably, and have been provided only as a basis for anticipating costs.

Operational processing costs for the proposed system have been predicted based on both facts and assumptions. Because detail definitions for the processing and the internal design have not been completed, these cost figures are based on envisioned complexities and efficiencies. The actual processing costs cannot be determined at this time as they will depend on many variables, some of which have been listed below. These variables will effect system test, conversion and production costs.

- Personnel turnover.
- Hardware utilized.
- Appropriateness of the data base design.
- Volume and impact of program, policy and/or procedural change that may be necessary per State and/or Federal assistance program rules and regulations.

- Accuracy of the requirements published in this report (and used as the basis for cost projections) as compared to the requirements determined appropriate to be addressed by the system as finally defined following the review of this document.
- Appropriateness of assumptions made when attempting to factor costs related to the Georgia (PARIS) assistance program system in comparison to the proposed MIMS.

Consideration should be given to the fact that the teleprocessing network charges (identified as location component charges, and which would be included as part of the CSD services billing) have been presented based on the assumption that the State Tel-pak and Federal General Servcie Administration (GSA) line charges will remain constant. The telephone company has written a petition to the Public Service Commission (PSC) to abolish all Tel-pak lines and a petition to the Federal Communication Commission (FCC) to abolish GSA lines. If these petitions are granted, the charges associated with these lines could increase by eight times the current cost. The location component costs presented reflect CSD's assumptions based on the May, 1981 status of the State's teleprocessing network. No significant network changes had been identified by CSD by September, 1981.

Data processing equipment maintenance charges would depend on the amount of data processing equipment used and maintained, on the ultimate decision as to the type of maintenance contract to be signed, and on the vendor chosen. For this estimate, however, equipment maintenance charges are included in the monthly lease amounts for the data processing equipment.

COMPARABLE COST CONSIDERATION INFORMATION

Georgia system statistics and definitions were interrogated as cost statements were being prepared because the Georgia system was reported to be similar to the proposed system. The out-of-state system reflects state-of-the-art data processing technology and has comparable functional requirements. Factoring of Georgia cost figures was based on differences in computer processing configurations and rates, drastic differences in caseloads, and differences in functional requirements.

Knowledge of the Georgia system is limited, however, as our understanding of the system is based on general overview documentation and on brief discussions about the system with the responsible project manager and analyst.

The State of Georgia approached income maintenance system development from a slightly different perspective. Their effort was defined in three phases. These phases and the costs associated with each phase have been depicted in Figure 3 - Georgia Public Assistance Reporting and Information System (PARIS) Costs. (All Georgia information was conveyed verbally, and verified prior to publication).

Phase I was a Management Study contracted for with Arthur Young, Company. This study was conducted in four Georgia counties and it resulted in an indepth review of the assistance program operation, with recommendations for future activities. No records were kept on program personnel involvement, but it was reported that at least five county people were assigned full-time for a four or five month period and that state staff members were also involved. The contract amount for the management study was $223,000.

Phase 2 was for the General Systems Design. This phase was contracted for with both Authur Young, Company and Consultec, Inc. for a one year period (September, 1977-78) and for a total of $357,000. Seven consultants were involved. This phase resulted in a high level general systems design with clear statements of requirements. Alternatives and recommendations were also identified.

Phase 3 was for the Detail Design, Development and Implementation of the (PARIS) system. This phase began in July, 1979 under contract with Consultec, Inc. for $1,750,000. The State (Georgia) Office of Administrative Services (OAS) (which is comparable to the ISD/CSD component of Montana) worked with Consultec, Inc. on this endeavor. The fiscal year 1980-81 charges for the PARIS project for OAS services was $1,283,375.

Figure 3 also identifies a number of approximate, anticipated monthly operational costs for PARIS. Forms, microfiche, postage and program personnel, etc., costs are not included in these figures.

MATERIALS

The material costs represent anticipated charges for special application forms necessary to communicate effectively with the assistance program applicants/ recipients.

These costs are external to ISD and have been provided for informational purposes only. Projected costs may vary considerably, depending on the vendor chosen and on the design of the integrated application form. They have been provided only to indicate anticipated operating costs.

MAILING COSTS

The mailing costs represent the postage costs associated with MIMS reporting and issuance to both the county welfare offices and the assistance program applicants and recipients. The figures do not include the postage charges that would be associated with centralized issuance of Food Stamp coupons.

PROJECTED ANNUAL RATE OF INCREASE

The projected annual rates of increase used in the projections of operational costs are for informational purposes only. They were determined considering the cost of living increases provided to State employees for fiscal years 1981-82 and 1982-83 (12%) and recent (through September, 1981) postal rate increases (17%).

The increase applied to materials costs was determined arbitrarily (6%). The increase rate for microfiche generation (12%) was based on the fiscal year 1981-82 rates published on June 29, 1981 by the Records Management Bureau of CSD. This percentage figure reflects the assumption that if the master fiche costs were increased by 14% and the duplicate fiche costs were increased by 10%, then an appropriate overall rate of increase may be 12%. CSD production processing rates are anticipated to remain stable.

It should also be noted that equipment and location component costs do not reflect any inflated rates for future fiscal year periods. These costs would need to be reviewed as project commitments and time frames were established.

DATA PROCESSING EQUIPMENT

Equipment costs consist of costs associated with the proposed system for the data processing equipment that has been identified in the Hardware/Software Considerations section of this report, based on the monthly lease rates published by IBM as of June 26, 1981. Costs for shipping the equipment were also identified. Location component charges have been delineated here, although these charges would be billed by CSD.

It should be noted, as was stated in the Hardware/Software Considerations section (Section 8.0), that the suggested equipment configuration is based on standard state usage. This equipment would facilitate the on-line requirements that have been defined, but it should not be considered as the only alternative in vendor and/or model determination.

SYSTEM IMPLEMENTATION

For the purpose of preparing operational and developmental cost projections, costs are based on the assumption that the proposed system would be operational in December, 1984. December, 1984 must not be interpreted as the actual completion date for the project, however.

A review of the Conversion Requirements section of this report will show that operational processing costs would then have to be anticipated for both the existing system and the proposed system as of December, 1984, and that the proposed system would have to be in a full production status as of July 1, 1985.

It should be noted, however, that the CSD computer processing costs for the proposed system for 1985-86 do not include any estimate for CSD processing charges that may be incurred if system maintenance is required following system acceptance by SRS.

PROJECTED OPERATIONAL COST COMPARISONS

Per System, Per Fiscal Year

Operational Costs	1980-81 Existing System	1981-82 Existing System	1982-83 Existing System	1982-83 Proposed System[1]
** Data Processing Bureau Personnel Services	$160,000	$179,200	$200,704	$256,256
Contracted Personal Services	$ 4,000	$ 4,480	$ 5,017	–0–
Contracted (CSD) Data Processing Services				
Production	$ 90,000	$ 90,000	$ 90,000	$ 90,000
Maintenance	$ 8,400	$ 8,400	$ 8,400	$ 8,400
**Microfiche Generation	N/A	N/A	N/A	N/A
* Materials				
Application/Turnaround Documents				
Continuous Stock	$ 5,750	$ 6,095	$ 6,460	$ 7,910
Non-Continuous Stock	$ 5,750	$ 6,095	$ 6,460	$ 7,910
*** Mailing (Postage)	$ 16,260	$ 19,024	$ 22,258	$ 22,258
Data Processing Equipment	N/A	N/A	N/A	–0–
Location Component[2]	N/A	N/A	N/A	–0–
TOTALS	$290,160	$313,294	$339,299	$392,734
PROJECTED ANNUAL RATES OF INCREASE:	* 6%			
	** 12%			
	*** 17%			

[1]The proposed system figures include charges for the continuing operation of the existing system as required during system development and installation.

[2]The location component figures are teleprocessing network charges associated with the remote SRS and county terminals and printers.

Figure 1 - Part 1

PROJECTED OPERATIONAL COST COMPARISONS

Per System, Per Fiscal Year

Operational Costs	1983-84 Existing System	1983-84 Proposed System[1]	1984-85 Existing System	1984-85 Proposed System[1]	1985-86 Existing System	1985-86 Proposed System[1]
** Data Processing Bureau Personnel Services	$224,788	$286,998	$251,762	$321,432	$281,973	$ 231,616
Contracted Personal Services	$ 5,619	–0–	$ 6,293	–0–	$ 7,048	–0–
Contracted (CSD) Data Processing Services						
Production	$ 90,000	$ 90,000	$ 90,000	$244,375	$ 90,000	$ 627,050
Maintenance	$ 8,400	$ 8,400	$ 8,400	$ 8,225	$ 8,400	
**Microfiche Generation	N/A	–0–	N/A	$ 952	N/A	$ 3,700
* Materials						
Application/Turnaround Documents						
Continuous Stock	$ 6,847	$ 12,649	$ 7,257	$ 40,170	$ 7,692	$ 34,888
Non-Continuous Stock	$ 6,847	$ 12,649	$ 7,257	$ 40,170	$ 7,692	$ 34,888
*** Mailing (Postage)	$ 26,041	$ 26,041	$ 30,468	$ 30,468	$ 35,647	$ 35,647
Data Processing Equipment	N/A	–0–	N/A	–0–	N/A	$ 234,024
Location Component[2]	N/A	–0–	N/A	–0–	N/A	$ 107,064
TOTALS	$368,542	$436,737	$401,437	$685,792	$438,452	$1,308,877

PROJECTED ANNUAL RATES OF INCREASE:
* 6%
** 12%
*** 17%

[1]The proposed system figures include charges for the continuing operation of the existing system as required during system development and installation.

[2]The location component figures are teleprocessing network charges associated with the remote SRS and county terminals and printers.

Figure 1 - Part 2

PROPOSED SYSTEM OPERATIONAL COST PROJECTIONS

Operational Costs	Fiscal Year 1982–83 Proposed System Operation	Fiscal Year 1982–83 Associated Existing System Operation	Fiscal Year 1982–83 Total Operational Costs	Fiscal Year 1983–84 Proposed System Operation	Fiscal Year 1983–84 Associated Existing System Operation	Fiscal Year 1983–84 Total Operational Costs
**Personal Services						
Data Processing Bureau	$55,552	$200,704	$256,256	$62,210	$224,788	$286,998
Contracted Services						
CSD						
Computer Processing Production	N/A	$ 98,400	$ 98,400	N/A	$ 98,400	$ 98,400
**Microfiche Generation	N/A	N/A	–0–	N/A	N/A	–0–
*Materials						
Application/Turnaround Documents						
Continuous Stock	$ 1,450	$ 6,460	$ 7,910	$ 5,802	$ 6,847	$ 12,649
Non-Continuous Stock	$ 1,450	$ 6,460	$ 7,910	$ 5,802	$ 6,847	$ 12,649
***Mailing Costs (Postage)	N/A	$ 22,258	$ 22,258	N/A	$ 26,041	$ 26,041
TOTALS	$58,452	$334,282	$392,734	$73,814	$362,923	$436,737

PROJECTED ANNUAL RATES OF INCREASE: * 6%
**12%
***17%

Figure 2–Part 1

PROPOSED SYSTEM OPERATIONAL COST PROJECTIONS

Operational Costs	Fiscal Year 1984–85 Proposed System Operation	Fiscal Year 1984–85 Associated Existing System Operation	Fiscal Year 1984–85 Total Operational Costs	Fiscal Year 1985–86 Proposed System Operation	Fiscal Year 1985–86 Associated Existing System Operation	Fiscal Year 1985–86 Total Operational Costs
**Personal Services						
Data Processing Bureau	$ 69,670	$251,762	$321,432	$231,616	N/A	$231,616
Contracted Services						
CSD						
Computer Processing						
Production	$156,250	$ 96,350	$252,600	$625,000	$2,050	$627,050
**Microfiche Generation	$ 952	N/A	$ 952	$ 3,700	N/A	$ 3,700
*Materials						
Application/Turnaround						
Documents						
Continuous Stock	$ 32,913	$ 7,257	$ 40,170	$ 34,888	N/A	$ 34,888
Non-Continuous Stock	$ 32,913	$ 7,257	$ 40,170	$ 34,888	N/A	$ 34,888
***Mailing Costs (Postage)	N/A	$ 30,468	$ 30,468	$ 35,647	N/A	$ 35,647
Data Processing Costs						
Equipment	–0–	N/A	–0–	$234,024	N/A	$234,024
Location Component[1]	–0–	N/A	–0–	$107,064	N/A	$107,064
TOTALS	$292,698	$393,094	$685,792	$1,306,827	$2,050	$1,308,877

PROJECTED ANNUAL RATES OF INCREASE: * 6%
**12%
***17%

[1]The location component figures are teleprocessing network charges associated with the remote SRS and county terminals and printers.

Figure 2–Part 2

GEORGIA'S PUBLIC ASSISTANCE REPORTING AND INFORMATION SYSTEM (PARIS) COSTS

DEVELOPMENTAL COSTS

Phase 1 - Management Study	
Arthur Young, Co.	$ 223,000
Phase 2 - General Systems Design (9/77-9/78)	
Arthur Young, Co./Consultec, Inc.	$ 357,000
Phase 3 - Detail Design, Development and Implementation	
Consultec, Inc. (7/79-10/81)	$1,750,000
Georgia Office of Administrative Services (7/80-6/81)[1]	$1,283,375[2]
TOTAL	$3,613,375

[1]Includes pilot county operational charges for a four month period.
[2]Figure reflects data processing personnel costs as well as processing and equipment charges.

Figure 3 - Part 1

ANTICIPATED OPERATIONAL COSTS (1981-82)

	Monthly	Annually
Host Processing Charges	$100,000	$1,200,000
Node Processing Charges	$ 84,600	$1,015,200
Teleprocessing Charges	$ 47,000	$ 564,000
Terminals	$ 55,000	$ 660,000
Printers	$ 49,000	$ 588,000
Data Processing Support Personnel	$ 20,000	$ 240,000
TOTAL	$355,600	$4,267,200

Figure 3 - Part 2

DEVELOPMENTAL COST PROJECTIONS

The projected cost for ISD services for the remainder of the project is $1,523,000. This figure is based on ISD rates effective July 1, 1981 and an inflation rate of 14% per annum for ISD services. It provides gross estimates for ISD services for the design, development, conversion, and installation of the proposed system. For more detailed information regarding ISD services, please refer to ISD's Customer Information Guide.

The figure provided for developmental costs using ISD services is based on current project understanding (as documented by this report) and on the assumption that Phase IV would not be initiated until after SRS had performed the re-evaluation of requirements, had developed a thorough understanding of future project activities that would require SRS involvement, and had established full commitment to future project endeavors. ISD figures may need to be adjusted as decisions are made relative to the future scope of the project. (It should also be noted that the operational costs may vary considerably depending on the results of the re-evaluation of system requirements.)

It should be noted that SRS Data Processing Bureau personnel would be responsible for the modifications that would need to be made to the existing system to accommodate conversion processing.

ISD cost figures do not include anticipated costs for services provided by the Computer Services Division (CSD) during system design, development, testing, installation and conversion. The estimated cost for CSD services during development is $380,800. CSD services costs would be billed by that organization on a monthly basis. This estimate is also based on current CSD rates, and would need to be adjusted as those rates were changed and/or as the project schedules were determined.

The estimated cost for ISD services for the completion of the next phase (External Design) is approximately $115,000. This figure is based on an estimate of approximately 600 man-days of ISD personnel resources and on the ISD rates effective July 1, 1981, and on the assumption that Phase IV would be completed

within the 1981-82 fiscal year. The man-day estimate is based on the assumption that SRS personnel would take an active part in the External Design Phase. ISD and SRS activities and ISD man-day estimates per task for the External Design Phase are presented in the next section of this report, Work Plan - Phase IV.

Consideration must be given to the reality that ISD is currently not sufficiently staffed to complete any phases of this project within the time frames depicted in the figures of this section of the report.

DEVELOPMENTAL COST PROJECTIONS
IN TOTAL
Fiscal Years 1981-82, 1982-83, 1983-84, 1984-85

Proposed System Development		
ISD Personnel		
Phase IV	$ 115,000	
Phases V - VIII	$1,408,000	
Total		$1,523,000
*CSD Processing	$ 380,000	
Total		$ 380,800
*Data Processing Equipment		
Hardware	$ 134,350	
Shipping	$ 4,150	
*Location Component[1]	$ 54,350	
Total		$ 192,850
TOTAL		$2,096,650

Figure 4 - Part 1

BY FISCAL YEAR

Proposed System Development	FY 1981-82	FY 1982-83	FY 1983-84	FY 1984-85	
ISD Personnel[2]	$208,859	$469,947	$539,584	$304,610	
*CSD Processing[2]	$ 63,467	$126,933	$126,933	$ 63,467	
*Data Processing Equipment					
Hardware	$ -0-	$ 2,080	$ 6,240	$126,030	
Shipping	$ -0-	$ 100	$ -0-	$ 4,050	
*Location Component[1]	$ -0-	$ 60	$ 180	$ 54,110	
Total	$272,326	$599,120	$672,937	$552,267	
TOTAL					$2,096,650

Figure 4 - Part 2

*No inflation factors have been applied. CSD processing, data processing equipment, and location component figures are based on current rates.

[1]The location component figures are teleprocessing network charges associated with the remote SRS and county terminals and printers.

[2]Actual ISD and CSD costs may vary per fiscal year. The cost breakdown shown is based on the premise that equal amounts would be expended each month within the thirty-six month period 1/82 – 12/84.

ANTICIPATED BENEFITS

The paragraphs that follow identify both tangible and intangible benefits that could be anticipated with implementation of the proposed system. These benefits have been grouped per the following major categories:

- Improved Service To Assistance Program Recipients
- Improved Control, Auditability and Personnel Utilization
- Effective Use of State-of-the-Art Data Processing Techniques

Although the anticipated benefits may not in terms of hard dollars seem to justify the developmental and ongoing operational costs for the proposed system, the total potential savings should be analyzed. This becomes very apparent when considering the amount of benefit dollars that would be managed through the proposed system. A total of approximately $116 million in assistance program benefits were expended by the Economic Assistance Division in fiscal year 1980-81. Of this total approximately $79 million were Medicaid Program benefits, approximately $18 million were Food Stamp Program benefits and approximately $19 million were benefits from the Aid to Families with Dependent Children Program and the Indochinese Refugee Assistance Program.

Improved Service To Assistance Program Recipients

With improved accuracy, timeliness, and reporting capabilities and the on-line inquiry, entry and update capabilities, the Economic Assistance Division and the County Welfare Offices should be far more responsive to the assistance program applicants and recipients. Eligibility decisions would be made uniformly by the system within hours of client communication with the county offices. System monitoring of personal resources and anticipated and/or conditional eligibility variance, system calculation of assistance benefits and system issuance notification should provide the eligible recipients with continuous and appropriate assistance program benefits. The system should also improve the timeliness and clarity of communication with ineligible applicants.

Improved Control, Auditability and Personnel Utilization

With the implementation of automated eligibility determination; on-line inquiry, entry and update capabilities; the generation of monthly activity reports; automated letters of notification; improved communication with the federal systems; and valid statistical reporting, the system should improve the effectiveness of both Eligibility Technician Supervisors and Eligibility Technicians (E.T.). It should also reduce many of their current frustrations.

With the implementation of a uniform assistance program case, addressing the Food Stamp Program and county programs as well as the AFDC, IRA and Medicaid Programs, duplicative E.T. efforts and/or benefit issuance should be eliminated.

Use of an on-line system and the development of a current and comprehensive user's manual should improve state and county communications on both assistance program policies and procedures. Improved communications should reduce the number of policy errors made, eliminate calculation confusion, and eliminate the need for a portion of the manual training endeavor now required. It should also place the responsibility for making policy decisions with the Economic Assistance Division.

While the reality of enforcement of federal sanctions is questioned, implementation of the proposed system should reduce the potential federal sanction amounts.

The need to manipulate input data, and the resulting distortion of system-generated statistics, should be eliminated. More reliable statistics should enable the Economic Assistance Division to more effectively monitor and project trends of assistance program change.

The eventual implementation of proposed system functions for interfacing with the Foster Care Payment System, the Foster Care Trust System, and the Accounts Receivable System should eliminate a considerable amount of E.T. research and should result in reconcilable system information.

Improved accuracy, timeliness and reporting capabilities of the proposed system should improve SRS communication, both automated and verbal, with other State agencies namely the Employment Security Division, the Worker's Compensation Division and the Unemployment Compensation Division of the Department of Labor and Industry; the State Auditor's Office; the Accounting Division of the Department of Administration; and the Department of Revenue. Improved internal (SRS) communication, public sector communication, and federal communication should also be realized. Additionally, the proposed system should improve the reliability and the timeliness of the Medicaid eligibility information sent to the fiscal intermediary.

Implementation of cyclical and mail issuances for Food Stamp coupons should eliminate the current pressures now felt at the beginning of each month in the County Welfare Offices when the Food Stamp Program recipients converge to pick up their coupons.

Effective Use of State-of-the-Art Data Processing Techniques

Since the implementation of the current MIMS, the data processing industry has matured and has realized improved capabilities. The proposed system should incorporate these capabilities as appropriate, i.e. as cost effective and operationally feasible. Implementation of the proposed system should also result in comprehensive system documentation and improved system dependability.

POTENTIAL RISKS

There are certain potential risks to the success of this project. These risks should be recognized by the Economic Assistance Division prior to the beginning of Phase IV.

Commitment

The need for a significant commitment of resources by SRS and ISD must be understood prior to beginning Phase IV. Full participation and involvement, on the part of both organizations, in the design, development, testing, conversion and

implementation of the proposed system is critical to the project's success. As critical is the SRS development of the user's manual and an effective training program for the proposed system.

Continuing Change

Changes that occur to the presently defined input, output, functional and interface requirements (that may become necessary due to changes dictated by the federal government) should be monitored and documented for future reference in terms of the proposed system. Additionally, any procedural changes defined by the state offices should be carefully analyzed in terms of this documentation. Failure to document, analyze and reflect these changes could result in the development and installation of a less than desirable system.

Drastic changes to program eligibility rules and/or to the program interrelationships that have been described, and/or the EAD imposition of additional system (assistance program) concerns could affect system useability. Additionally, if incorrect information were loaded into the table status and/or eligibility determination processing logic of the proposed system, the results of automated program participation determination and/or benefit calculations would be unpredictable.

County Impact

As was stated in the Conversion Section of this report, the total impact of installation of the proposed system cannot be fully anticipated at this time. Impact on the county operations must continue to be analyzed as more detailed descriptions of both manual and automated system components and procedures are developed. It is assumed at this time, that many of the mundane duties of the Eligibility Technicians (E.T.'s) and their supervisors would be eliminated. It is anticipated that the amount of time required by an E.T. to research and convert any given case would be comparable to the amount of time now needed for an E.T. to complete and process an initial application. It is further assumed that each E.T. would have access to a terminal and sufficient time to enter his/her own caseload information into the proposed system.

Definitions

During Phase IV, ISD would document the processing criteria for determining assistance program eligibility. Prior to Phase IV, SRS should review any hazy policy areas and come to agreement on explicit policy statements. Policies must be defined in a precise enough manner to enable translation of these policies into automated routines.

It should also be pointed out that the proposed system would be vulnerable to incorrect processing within the federal systems that it interfaces with and/or to inaccurate definitions of the federal system interface requirements. The impact of any such errors cannot be predicted. It is anticipated that federal representatives would need to be available during Phase IV.

CONSIDERATIONS

County Operations

It should be noted that the current review procedures that are used in the counties to approve and document grant authorizations for the county commissioners would need to be analyzed in anticipation of the grant calculations being made automatically. At a minimum, procedures should be established for either the manual review of E.T. grant overrides or to allow a maximum "range of acceptability" that would be automatically applied to assure control over E.T. grant modifications. Also, each county would be required to have an advance account available for the issuance of replacement AFDC/IRA warrants.

Statistics and Research Bureau

It should be noted that the installation of the proposed system would have considerable impact on the Statistics and Research Bureau. This bureau's personnel would be required to communicate very closely with the MIMS coordinator to determine assistance program statistics during system conversion. All current MIMS-related data extraction, comparison and reporting procedures would need to be reviewed by individuals with knowledge of both the current and the proposed MIMS.

Interfacing Systems

It has been mentioned that SRS is contemplating the design, development, and installation of a Payable/Receivables System. At the time that the design of this system is being determined and documented, MIMS interface requirements should be taken into consideration. Foster Care Trust, Foster Care Payment and Accounts Receivable information is needed by MIMS and unless the proposed system has access to this information, the associated verifications and grant reductions cannot be provided for as proposed. The systems now in place do not support the proposed MIMS interface requirements.

Cost Comparisons

As is pointed out by the cost comparison graphics, the implementation of the proposed system would not reduce operational costs. It should, however, increase efficiency and reduce the cost related to some of the functions currently performed, thus allowing more time for the E.T.'s to perform other duties and improving the management ability of the county offices. The end result should be more timely and more accurate processing of the assistance program cases. Furthermore, with the proposed implementation of more stringent, and/or timely edit, update and reporting procedures and the proposed implementation of inquiry capabilities (including the interjurisdictional search capability), the quality control sanctions now pending for all program funding should be drastically reduced.

It should also be noted that there are MIMS-related data processing costs that are not reflected in the figures in this section of the report. Figures for Statistics and Research Bureau personnel costs and System 32 operations, currently supporting SRS reporting on the assistance programs, cannot be accurately determined, but their existence should not be ignored.

The proposed system would issue warrants on a daily basis. This capability would reduce the demands now placed on the Fiscal Bureau and the volume of processing now required by the Contingency Revolving Account System.

Because the proposed system would not capture (pre-installation) historical information about assistance program benefits, the current Warrant Inquiry System should be maintained.

Because of the uncertainty in the area of Food Stamp coupon distribution, i.e., whether mail issuance will be acceptable to the United States Department of Agriculture, whether SRS will enter a contract with a private vendor for centralized issuance (which would include postage for distribution), what the actual current costs are for issuance agents contracts, etc.; the costs associated with Food Stamp Program benefit issuance have not been thoroughly addressed by this report. Costs that should be taken into consideration as a result of future decisions are: costs of vendor contracts for centralized issuance or SRS personnel costs (and postage and vault storage costs) for State distribution, ongoing costs of issuance agent contracts, increased Food Stamp Program administrative costs.

RECOMMENDATIONS

It is ISD's recommendation that this document be thoroughly reviewed for completeness and accuracy as soon as possible. The less time that is allowed to elapse before the document is finalized, the more effective the review will be.

ISD further recommends that SRS maintain this document in entirety and that the formal signoff be achieved prior to the onset of the previously-mentioned requirements re-evaluation phase.

WORK PLAN - PHASE IV - EXTERNAL DESIGN

The purpose of this section of the report is to identify the tasks to be accomplished in Phase IV - External Design, to identify the man-day requirements to accomplish those tasks, and to identify the responsibilities of the individuals and/or organizations participating in each of the tasks.

The purpose of Phase IV - External Design is to develop and document the customer's view of the system design. The external design consists of output media design; input source media design; external processing criteria; and plans for testing, installation, conversion, training and User's Manual development.

The External Design Report, prepared at the conclusion of Phase IV, provides the customer with a complete overview of the system; provides ISD with specifications for the internal design of the system; provides OBPP and CSD with advise of pending systems development; and provides all responsible individuals with documentation to verify that the system, now externally designed, would meet the customer requirements.

The following pages describe the tasks to be accomplished in Phase IV. Following the Task Summary are: a Gantt Chart, identifying anticipated man-day resource requirements; and a Responsibility Matrix, identifying the individuals and/or organizations anticipated to be involved in each task and their anticipated level of task participation.

TASK SUMMARY

Task 400 - Project Administration and Reporting

The schedule for Phase IV will be monitored and the cost associated with ISD resources will be maintained by ISD in the ISD project control system through weekly review and update. Monthly project status reports will also be provided for SRS and ISD management by the responsible project analyst.

Task 420 - Team Organization and Orientation

A project design team will be formed and individual team member responsibilities will be identified. Documentation on the project organizational structure will be updated to reflect the additional team membership, and this documentation will be distributed to both SRS and ISD management. ISD personnel joining the team at this time will be provided with any project documentation required for orientation.

Task 422 - Develop External Design Overview

The organization of the external design will be documented. A hierarchical diagram will be developed by ISD identifying inputs, processes and outputs. Using this graphic, the ISD analyst(s) will prepare an outline for the external design report, a narrative description of the organization of the external design, and a summary highlighting the anticipated capabilities of the proposed system.

Task 423 - Document Requirements Revisions

Any revisions that may be required to the project requirements that were documented in the Phase III - Requirements Definition Report will be documented for inclusion in the External Design Report. This task is the responsibility of both SRS and ISD resources. SRS will identify any changes in requirements and ISD will document these changes.

Task 424 - Develop Output Design

Proposed system output will be designed, whether it is to be hard copy, microfiche, CRT screen, or magnetic media. Output format requirements will be defined and sequence, frequency, volume, number of copies, availability, retention and/or distribution will be verified by SRS. This information will be documented by ISD. Output design includes identification of outgoing interface requirements.

All output data elements will be defined in a data element dictionary. Each dictionary entry will consist of the element name, description, length, source of origination, and permitted values. The element descriptions will be the responsibility of the SRS team membership. The remainder of the dictionary information will be primarily ISD team membership responsibility.

All output that can be simulated for visual review will be simulated by ISD team membership. These simulations must be reviewed for approval by SRS team membership.

TASK SUMMARY

Task 400 - Project Administration and Reporting

The schedule for Phase IV will be monitored and the cost associated with ISD resources will be maintained by ISD in the ISD project control system through weekly review and update. Monthly project status reports will also be provided for SRS and ISD management by the responsible project analyst.

Task 420 - Team Organization and Orientation

A project design team will be formed and individual team member responsibilities will be identified. Documentation on the project organizational structure will be updated to reflect the additional team membership, and this documentation will be distributed to both SRS and ISD management. ISD personnel joining the team at this time will be provided with any project documentation required for orientation.

Task 422 - Develop External Design Overview

The organization of the external design will be documented. A hierarchical diagram will be developed by ISD identifying inputs, processes and outputs. Using this graphic, the ISD analyst(s) will prepare an outline for the external design report, a narrative description of the organization of the external design, and a summary highlighting the anticipated capabilities of the proposed system.

Task 423 - Document Requirements Revisions

Any revisions that may be required to the project requirements that were documented in the Phase III - Requirements Definition Report will be documented for inclusion in the External Design Report. This task is the responsibility of both SRS and ISD resources. SRS will identify any changes in requirements and ISD will document these changes.

Task 424 - Develop Output Design

Proposed system output will be designed, whether it is to be hard copy, microfiche, CRT screen, or magnetic media. Output format requirements will be defined and sequence, frequency, volume, number of copies, availability, retention and/or distribution will be verified by SRS. This information will be documented by ISD. Output design includes identification of outgoing interface requirements.

All output data elements will be defined in a data element dictionary. Each dictionary entry will consist of the element name, description, length, source of origination, and permitted values. The element descriptions will be the responsibility of the SRS team membership. The remainder of the dictionary information will be primarily ISD team membership responsibility.

All output that can be simulated for visual review will be simulated by ISD team membership. These simulations must be reviewed for approval by SRS team membership.

As ISD will be available to assist and to provide consultation to SRS resources, SRS resources are expected to be available to assist and to provide consultation to ISD resources. It should be noted, however, that the coordination of design needs of both State and county personnel, as well as the coordination of the needs of interfacing agencies, will be the explicit responsibility of SRS team membership.

Task 426 - Develop Input Design

Proposed system input will be organizationally designed, whether the input is to be magnetic media, parameter, hardcopy, table, or CRT screen format. Input format requirements will be defined and sequence, volume, availability and/or retention will be verified by SRS. The information will be documented by ISD. Input design includes identification of incoming interface requirements.

NOTE: This task does not include the final production of source documents and pre-printed forms. Vendor contracting for these services will be the responsibility of SRS personnel. ISD will be available for consultation and review of final document drafts, but this effort is expected to be minimal.

All input data elements will be defined in a data element dictionary. Each dictionary entry will consist of the element name, description, length, source of origination, and permitted values. The element descriptions will be the responsibility of the SRS team membership. The remainder of the dictionary information will be primarily ISD team membership responsibility.

Recording procedures will also be defined and documented for each input document. These procedures will be developed by both SRS and ISD personnel.

The coordination of the input design endeavor between State, county and interfacing agencies is again the explicit responsibility of SRS team membership.

Task 428 - Develop External Design Processing Criteria

Processing criteria will be defined and documented. Edit, update, extract and access criteria will be defined, as will error codes and messages. Eligibility determination criteria and arithmetic calculations will also be specifically defined.

Before this task is initiated, SRS must define the detail requirements for program eligibility.

The data element dictionary will be expanded to include those elements created as a result of developing processing criteria.

Both SRS and ISD resources will be heavily involved in this task.

Task 436 - Develop Test Plan

A system test plan will be developed which will identify SRS personnel and their respective responsibilities; customer acceptance criteria; and SRS test specifications, materials, procedures and schedules. SRS team members are primarily responsible for this task. ISD will be available for consultation and assistance.

Task 438 - Develop Conversion Plan

A system conversion plan will be developed which will include identification of both manual and automated procedures, schedules, and responsibilities. Additionally, conversion criteria will be defined including source and default values for all conversion data elements. SRS team members are primarily responsible for this task. ISD will be available for consultation and assistance.

Task 440 - Prepare Training Plan

A system training plan will be developed which will include identification of special materials (including hardware and software), instructors, and methods of training. This plan will include identification of the time required to "train" instructors, of the coordination requirements for the training sessions and of the anticipated training travel expenses.

SRS team members are primarily responsible for this task. ISD will be available for consultation and assistance.

Task 442 - Develop Installation Plan

An installation plan will be developed. This plan will consist of an installation schedule, i.e., a schedule for installing the system in a production mode and including identification of SRS, CSD, and ISD personnel and their associated responsibilities during installation. Specific hardware/software requirements must also be identified.

The plan should also address a plan for post-installation system support. SRS personnel are primarily responsible for this task. ISD will be available for consultation and assistance.

Task 444 - Plan User's Manual

The format of the User's Manual will be determined. An outline of the manual will be developed with documentation from Phase IV incorporated as appropriate. SRS team members are primarily responsible for this task. ISD will be available for consultation and assistance.

Task 446 - Plan Phases V-VIII

A detailed plan and estimate for Phases V through VIII will be prepared. The original cost projection for the entire project will be further refined as necessary. This task is the responsibility of ISD team membership.

Task 448 - Conduct Walk-Thrus

Structured walk-thrus will be conducted with appropriate ISD staff members to review the External Design Overview, each of the customer's plans, and the External Design Report. Required changes will be documented by ISD team membership.

Task 451 - Prepare External Design Report

The external design documentation will be compiled into the External Design Report. This task is the responsibility of ISD team membership.

Task 452 - ISD Review and Approval

ISD management will review the External Design Report. Management approval will be provided upon successful completion of this phase.

Task 454 - Customer Review and Approval

SRS team membership and management will review the External Design Report. SRS membership and management approval will be provided upon successful completion of this phase. SRS signatures are requisite to proceed to subsequent phases.

Task 456 - Obtain Computer Services Division Approval

The responsible project analyst (ISD) will advise the Chiefs of the Technical Services Bureau, the Operations Bureau and the Data Base Administration Bureau of the Computer Services Division (CSD) of the External Design pertaining to their respective concerns and responsibilities. Their opinions and/or approvals will be requested in terms of use of system software such as teleprocessing, access methods, data base management, etc.

This task will also provide CSD with the knowledge of reference documentation for long-term planning.

DEPARTMENT OF ADMINISTRATION
INFORMATION SYSTEMS DIVISION

GANTT CHART

Project Title: MONTANA INCOME MAINTENANCE SYSTEM (MIMS) PROJECT

Project Number: 18-002-4*

Phase Title: EXTERNAL DESIGN

Phase Number: IV

Date: 09-24-81

Comments

Item	Description/Function	Schedule Responsibility*	ISD MAN-DAYS
400	Project Administration	SRS ISD	48
420	Team Organization and Orientation	SRS ISD	9
422	Develop External Design Overview	SRS ISD	14
423	Document Requirements Revisions	SRS ISD	5
424	Develop Output Design	SRS ISD	91
426	Develop Input Design	SRS ISD	48
428	Develop External Design Processing Criteria	SRS ISD	324
436	Develop Test Plan	SRS ISD	3
		PERIOD 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	

DEPARTMENT OF ADMINISTRATION
INFORMATION SYSTEMS DIVISION

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Project Number: 18-002-4*

Phase Title: EXTERNAL DESIGN

Phase Number: IV

Date: 09-24-81

Item	Description/Function	Schedule Responsibility	ISD MAN-DAYS
438	Develop Conversion Plan	SRS ISD	5
440	Prepare Training Plan	SRS ISD	2
442	Develop Installation Plan	SRS ISD	2
444	Plan User's Manual	SRS ISD	3
446	Plan Phases V-VIII	SRS ISD	18
448	Conduct Walk-Thrus	SRS ISD	5
451	Prepare External Design Report	SRS ISD	10
452	ISD Review and Approval	SRS ISD	10

PERIOD 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

DEPARTMENT OF ADMINISTRATION
INFORMATION SYSTEMS DIVISION

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Project Title: MONTANA INCOME MAINTENANCE SYSTEM (MIMS) PROJECT

Project Number: 18-002-4*

Phase Title: EXTERNAL DESIGN

Phase Number: IV

Date: 09-24-81

Comments

Item	Description/Function	Schedule Responsibility	ISD MAN-DAYS
454	Customer Review and Approval	SRS ISD	3
456	Obtain Computer Services Division Approval	SRS ISD	1

STATE OF MONTANA
INFORMATION PROCESSING STANDARD

RESPONSIBILITY MATRIX

Project Title	Project Number		
MONTANA INCOME MAINTENANCE SYSTEM (MIMS) PROJECT	18-002-4*		
Phase Title	**Phase Number**	**Date**	**Page**
EXTERNAL DESIGN	IV	09-24-81	1 Of 2

P = PERFORM
C = CONSULT
R = REVIEW AND EVALUATE
A = APPROVE

RESPONSIBILITY	TASKS															
	400	420	422	423	424	426	428	436	438	440	442	444	446	448	451	452
Administrator, ISD	R															R/A
Chief, Systems Design Bureau	R		R										R/A			R/A
Chief, Systems Development Bureau	R												R/A			R/A
ISD Analysts	P	P	P	P	P	P	P	C	C	C	C	C	P	P	P	P
Economic Assistance Division		P	C	P	P	P	P	P	P	P	P	P	C		C	
Chief, Technical Services Bureau, Computer Services Division	C															
Chief, Operations Bureau, Computer Services Division	C															
Chief, Data Base Administration Bureau, Computer Services Division	C															

STATE OF MONTANA
INFORMATION PROCESSING STANDARD

RESPONSIBILITY MATRIX

Project Title		Project Number	
MONTANA INCOME MAINTENANCE SYSTEM (MIMS) PROJECT		18-002-4*	
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RESPONSIBILITY	TASKS															
	400	420	422	423	424	426	428	436	438	440	442	444	446	448	451	452
Administrator, ISD	R															R/A
Chief, Systems Design Bureau	R		R										R/A			R/A
Chief, Systems Development Bureau	R												R/A			R/A
ISD Analysts	P	P	P	P	P	P	P	C	C	C	C	C	P	P	P	P
Economic Assistance Division		P	C	P	P	P	P	P	P	P	P	P	C		C	
Chief, Technical Services Bureau, Computer Services Division	C															
Chief, Operations Bureau, Computer Services Division	C															
Chief, Data Base Administration Bureau, Computer Services Division	C															

PHASE APPROVAL

The purpose of this section of the report is to provide a Phase Approval Form to record the signatures of all management personnel responsible for the acceptance and the approval of this phase of the project. When the authorized signatures are applied to the Phase Approval form it will provide assurance that the Requirements Definition Report is correct from both the SRS and the ISD perspective.

The management of ISD reviews and approves the report prior to the time that a draft copy of the report is delivered to the customer. Detailed review of the draft by the customer should identify any required revisions. The revisions should be indicated on the draft and returned to ISD. The requested revisions are then analyzed and discussed with ISD management prior to updating the report. Upon completion of the update, the report must again be reviewed for subsequent approval by the customer. Upon ISD's receipt of the authorized signatures from the customer, the Requirements Definition Report will be formally published.

The Phase Approval Form provides an agreement of the correctness of the Requirements Definition Report. It should not be confused with the Service Agreement that would be required for future ISD services.

DEPARTMENT OF ADMINISTRATION
INFORMATION SYSTEMS DIVISION

I.S.D. STANDARD PRACTICES PHASES APPROVAL

Phase number (Completed)	Phase Title	Date
18-002-3*	REQUIREMENTS DEFINITION - PHASE III	09-23-81

System Name	Project Leader Name
MONTANA INCOME MAINTENANCE SYSTEM (MIMS) PROJECT	MARY CULVER

- Signatures below approve all work accomplished for the phase defined above.
- When checked in the lefthand column, (✓) signatures are required by I.S.D./User Managers before work can progress to the next phase.

Signature Required	Manager's Title	Signature	Date
☒	Administrator, Economic Assistance Division	Mary Dimitt	10/23/8
☒	Assistant Administrator, Economic Assistance Division	[illegible]	10-23-81
☒	Project Manager, Montana Income Maintenance System Project	[illegible]	10/22/81
☒	Chief, Data Processing Bureau, SRS	[illegible]	10/22/81
☒	Administrator, Informetion Systems Division	Rod Hagen	10/15/81
☒	Chief, Systems Design Bureau	Dick Kloba	10/15/8
☒	Chief, Systems Development Bureau	Sharon Ramstrom	10/16/81
☒	Data Processing Coordinator, OBPP	Joyce Miller	10-26-81
☐			
☐			
☐			
☐			
☐			
☐			
☐			

WHEN ALL SIGNATURES ARE COMPLETED, RETURN TO:
Name Mary Culver Ext. 3987

DEPARTMENT OF ADMINISTRATION
INFORMATION SYSTEMS DIVISION

I.S.D. STANDARD PRACTICES PHASES APPROVAL

Phase number (Completed)	Phase Title	Date
18-002-3*	REQUIREMENTS DEFINITION - PHASE III	09-23-81

System Name	Project Leader Name
MONTANA INCOME MAINTENANCE SYSTEM (MIMS) PROJECT	MARY CULVER

- Signatures below approve all work accomplished for the above system.
- When checked in the lefthand column, (✓) signatures are required by I.S.D./User Managers before work can progress to the next phase.

Signature Required	Manager's Title	Signature	Date
☒	Administrator, Economic Assistance Division		
☒	Assistant Administrator, Economic Assistance Division		
☒	Project Manager, Montana Income Maintenance System Project		
☒	Chief, Eligibility Policy Bureau, SRS		
☒	Chief, Field Services Bureau, SRS		
☒	Chief, Medicaid Services Bureau, SRS		
☒	Administrator, Centralized Services Division		
☒	Chief, Data Processing Bureau, SRS		
☒	Administretor, Information Systems Division	Rod Sager	10-2-81
☒	Chief, Systems Design Bureau	Richard B. Elston	10/2/81
☒	Chief, Systems Development Bureau	Sharon Ranstrom	10/2/81
☒	Data Processing Coordinator, OBPP		
☐			
☐			
☐			

WHEN ALL SIGNATURES ARE COMPLETED RETURN TO:
Name Mery Culver Ext. 3987